

Missouri

UNIFORM APPLICATION

FY 2025 SUPTRS Block Grant Report

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

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Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

I: State Information

State Information

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III. Expenditure Period

State Expenditure Period

From 7/1/2023
To 6/30/2024

Block Grant Expenditure Period

From 10/1/2021
To 9/30/2023

IV. Date Submitted

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Footnotes:

II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Coordination of Primary Care and Behavioral Health Services

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, PWWDC, PWID

Goal of the priority area:

Coordinate individuals primary and behavioral healthcare in order to improve health and reduce medical costs.

Objective:

☐

Strategies to attain the goal:

- 1) Continue to coordinate preventative and primary care for Health Home participants.
- 2) Continue outreach to Medicaid-enrolled adults who have substance use disorders and/or serious mental illness, have high annual healthcare costs, and are not currently enrolled in behavioral health treatment
- 3) Contract with the Missouri Institute for Mental Health (MIMH) for ongoing evaluation of Missouri's Health Home programs.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of participants in Health Homes per fiscal year

Baseline Measurement: 31,976

First-year target/outcome measurement: 31,500

Second-year target/outcome measurement: 31,500

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Medicaid data

New Data Source(if needed):

☐

Description of Data:

The number of Health Home participants are reported to DMH through accounting of attestation of services and/or "per member per month" payments to the Health Home contracted providers.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in Health Home in FY 2024 is 37,886.

Indicator #: 2

Indicator: Number of participants in DM 3700 per fiscal year

Baseline Measurement: 6,911

First-year target/outcome measurement: 5,700

Second-year target/outcome measurement: 5,700

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

A participant in DM 3700 is defined as a consumer who is listed on the master list of DM 3700 participants and has an open episode of care for behavioral health services, including mental health or substance use, during the specified fiscal year.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of participants in DM 3700 in FY 2024 is 7,815.

Indicator #: 3

Indicator: Number of participants in SUD Disease Management per fiscal year

Baseline Measurement: 2,345

First-year target/outcome measurement: 1,800

Second-year target/outcome measurement: 1,800

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):☐**Description of Data:**

A participant in SUD Disease Management (SUD DM) is defined as a consumer who is listed on the master list of SUD DM participants, and has an open episode of care for behavioral health services, including mental health or substance use, during the specified fiscal year.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:☐**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How first year target was achieved (optional):**

The number of participants in SUD DM in FY 2024 is 2,963.

Priority #:

2

Priority Area:

Crisis Intervention

Priority Type:

MHS, ESMI, BHCS

Population(s):

SMI, SED, BHCS

Goal of the priority area:

Promote safety and emotional stability of individuals in their communities, minimize further deterioration of mental state, increase access to treatment and support services and improve outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by utilizing less invasive interventions and linking individuals in need of behavioral healthcare services with those services and resources.

Objective:☐**Strategies to attain the goal:**

- 1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services.
- 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises.
- 3) Advocate for and engage individuals in crisis in behavioral health treatment and support services.
- 4) Provide immediate person-centered/trauma-informed interventions to individuals in behavioral health crisis and facilitate timely access to services and supports.
- 5) Promote crisis services, such as 988, to individuals across Missouri. Enhance knowledge of available crisis services and resources.

**Edit Strategies to attain the objective here:
(if needed)**☐**Annual Performance Indicators to measure goal success****Indicator #:**

1

Indicator:

Number of referrals to CBHLs per fiscal year

Baseline Measurement: 10,472

First-year target/outcome measurement: 15,000

Second-year target/outcome measurement: 20,000

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):

☐

Description of Data:

Number of Community Behavioral Health Liaison contacts are tracked by the MBHC

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

An individual may account for more than one contact during the fiscal year.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of referrals to CBHLs in FY 2024 is 20,657.

Indicator #: 2

Indicator: Number served in ERE project per fiscal year

Baseline Measurement: 2,029

First-year target/outcome measurement: 1,900

Second-year target/outcome measurement: 2,250

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):

☐

Description of Data:

Number of persons served in the Emergency Room Enhancement (ERE) project is tracked and reported by the MBHC.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:



How first year target was achieved (optional):

The number served in ERE project in FY 2024 is 4,234.

Indicator #: 3

Indicator: Number of law enforcement officers trained in CIT per fiscal year

Baseline Measurement: 1,217

First-year target/outcome measurement: 900

Second-year target/outcome measurement: 900

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):



Description of Data:

Number of officers trained in CIT is tracked and reported by the MBHC

New Description of Data:(if needed)



Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:



How first year target was achieved (optional):

The number of law enforcement officers training in CIT in FY 2024 is 937.

Indicator #: 4

Indicator: Number of calls, texts, and chats to 988 per fiscal year

Baseline Measurement: 59,732

First-year target/outcome measurement: 65,000

Second-year target/outcome measurement: 70,000

New Second-year target/outcome measurement(if needed):

Data Source:

New Data Source(if needed):

☐

Description of Data:

Number of calls, texts and chats answered in Missouri

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of calls, texts and chats to 988 in FY 2024 is 94,306.

Indicator #: 5
Indicator: Number of Behavioral Health Crisis Centers
Baseline Measurement: 18
First-year target/outcome measurement: 22
Second-year target/outcome measurement: 24
New Second-year target/outcome measurement(if needed): 22

Data Source:

Missouri Behavioral Health Council (MBHC)

New Data Source(if needed):

☐

Description of Data:

BHCCs report data to the Missouri Behavioral Health Council

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Construction delays and work force shortages contributed to the delay of the addition of the 4 new BHCCs. Three of these BHCC have opened since the start of FY 2025 on 7/1/2024 and 2 more are expected during FY 2025. New target for FY 2025 is 22.

How first year target was achieved (optional):

Priority #: 3

Priority Area: Department of Corrections Community Supervised Offenders

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, Other

Goal of the priority area:

Improve access to clinically appropriate services for offenders on community supervision.

Objective:

Strategies to attain the goal:

- 1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders in need of substance use disorder (SUD) treatment in order to facilitate rapid assessment and treatment initiation.
- 2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services.
- 3) Continue the Community Mental Health Treatment (CMHT) and Offenders with Serious Mental Illness (OSMI) programs.
- 4) Continue to participate on the DOC Oversight Committee.
- 5) Coordinate with Department of Corrections (DOC) to administrate the Improving Community Treatment Success (ICTS) program with a focus on reducing the risk of harm due to substance use and mental health conditions, reducing recidivism, improving opportunities for employment or education, and improving the availability of stable housing.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Current MOUs between DMH and DOC

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

Description of Data:

MOUs are maintained by the DMH Contracts Unit.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

MOU between DMH and DOC is current.

Indicator #:

2

Indicator:

Number of Oversight Committee Meetings

Baseline Measurement:

13

First-year target/outcome measurement:

6

Second-year target/outcome measurement:

6

New Second-year target/outcome measurement(if needed):

Data Source:

The Division of Behavioral Health (DBH) Director of Integrated Care is the organizer of these meetings

New Data Source(if needed):

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Description of Data:

Oversight meetings are scheduled by the DBH Director of Integrated Care.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of Oversight Committee meetings conducted in FY 2024 is 16.

Indicator #:

3

Indicator:

Number of individuals served in ICTS programs

Baseline Measurement:

548

First-year target/outcome measurement:

700

Second-year target/outcome measurement:

700

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):

☐

Description of Data:

The number of individuals served in the ICTS program is tracked in the DMH Information System

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of consumers served in the ICTS in FY 2024 is 1,155.

Priority #: 4

Priority Area: Tobacco Prevention

Priority Type:

Population(s): PP, Other

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Objective:

☐

Strategies to attain the goal:

- 1) Support provider training in tobacco cessation with proven effectiveness.
- 2) Promote the inclusion of tobacco cessation in the consumer's behavioral treatment plan.
- 3) Support tobacco cessation in Missouri's college campuses.
- 4) Ensure the provision of tobacco enforcement and merchant education:
 - a) Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws.
 - b) Maintain a Memorandum of Understanding with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws.
 - c) Conduct a merchant education visit to every tobacco retailer in the state.

**Edit Strategies to attain the objective here:
(if needed)**

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Synar non-Compliance rate is less than 20 percent

Baseline Measurement: Yes

First-year target/outcome measurement: Yes

Second-year target/outcome measurement: Yes

New Second-year target/outcome measurement(if needed):

Data Source:

Annual Synar Report

New Data Source(if needed):

☐

Description of Data:

Synar non-compliance rate is determined from the Annual Synar Survey. For FY2024, the Annual Synar Survey will be completed by October 1, 2024. For the FY 2025, the Annual Synar Survey will be completed by October 1, 2025.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The Annual Synar Retailer Violation Rate for FFY 2025 is 6.5%

Indicator #: 2

Indicator: Number of tobacco retailers visited and provided with retailer education materials per fiscal year

Baseline Measurement: 5,456

First-year target/outcome measurement: 4,800

Second-year target/outcome measurement: 4,800

New Second-year target/outcome measurement(if needed):

Data Source:

Annual Synar Report

New Data Source(if needed):

☐

Description of Data:

Number of tobacco retailers visited and provided education materials is reported in the Annual Synar Report.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:



How first year target was achieved *(optional)*:

The number of Tobacco retailers visited and provided with retailer education materials in FY 2024 is 5,584.

Indicator #: 3

Indicator: Number of Tobacco Treatment Specialists

Baseline Measurement: 25

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 50

New Second-year target/outcome measurement *(if needed)*:

Data Source:

DBH Integrated Programs Unit

New Data Source *(if needed)*:



Description of Data:

Number of Tobacco Treatment Specialists is tracked by the Director of Integrated Care.

New Description of Data *(if needed)*:



Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:



Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:



How first year target was achieved *(optional)*:

The number of Tobacco Treatment Specialists trained in FY 2024 is 77

Priority #: 5

Priority Area: Recovery Support Services

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, Other

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders.

Objective:

**Strategies to attain the goal:**

- 1) Continue to grow the number of Certified Peer Specialists working in Missouri's behavioral health treatment and recovery system of care.
- 2) Continue the four Drop-In Centers for persons with mental illness.
- 3) Promote the use of IPS Supported Employment.
- 4) Promote the use of Family Support and Youth Peer Support.
- 5) Promote the use of Recovery Support Services.
- 6) Maintain a housing unit to administer the Continuum of Care (CoC) grants to provide housing assistance to the chronically homeless.

Edit Strategies to attain the objective here:**(if needed)****Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Number of Certified Peer Specialists

Baseline Measurement: 1,003

First-year target/outcome measurement: 850

Second-year target/outcome measurement: 1,000

New Second-year target/outcome measurement(if needed):

Data Source:

Division of Behavioral Health (DBH) Recovery Services Unit

New Data Source(if needed):



Description of Data:

The number of Certified Peer Specialists is tracked by the DBH Recovery Services Unit.

New Description of Data:(if needed)



Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:



How first year target was achieved (optional):

The number of Certified Peer Specialists in FY 2024 is 1,613.

Indicator #: 2

Indicator: Number of contracts for Consumer Operated Services Programs for persons with mental illness per fiscal year

Baseline Measurement: 4

First-year target/outcome measurement: 4

Second-year target/outcome measurement: 4

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

☐

Description of Data:

Contracts are maintained by the DMH Contracts Unit

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of Consumer Operated Service Programs is 4.

Indicator #: 3

Indicator: Number of IPS Supported Employment programs per fiscal year

Baseline Measurement: 26

First-year target/outcome measurement: 26

Second-year target/outcome measurement: 26

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Recovery Services Unit

New Data Source(if needed):

☐

Description of Data:

The number of IPS Supported Employment programs is tracked by DBH Recovery Services Unit staff.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of IPS Supported Employment Programs in FY 2024 is 33.

Indicator #: 4

Indicator: Number of Youth Peer Support Specialists

Baseline Measurement: 12

First-year target/outcome measurement: 15

Second-year target/outcome measurement: 15

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Recovery Services Unit

New Data Source(if needed):

Description of Data:

The number of Youth Peer Support Specialists are tracked by the DBH Recovery Services Unit staff.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of Youth Peer Support Specialists in FY 2024 is 54.

Indicator #: 5

Indicator: Number of Recovery Support Providers

Baseline Measurement: 53

First-year target/outcome measurement: 50

Second-year target/outcome measurement: 50

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Contracts Unit

New Data Source(if needed):

☐**Description of Data:**

Contracts are maintained by the DMH Contracts Unit.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How first year target was achieved (optional):**

The number of Recover Support Providers in FY 2024 is 58.

Priority #: 6

Priority Area: Medications for Substance Use Disorders

Priority Type:

Population(s): PWWDC, PWID, Other

Goal of the priority area:

To further integrate medication therapy into the substance use disorder treatment service delivery system.

Objective:☐**Strategies to attain the goal:**

- 1) Monitor utilization of Medication Assisted Treatment (MAT) by provider and provide technical assistance as needed.
- 2) Increase utilization of different medications used in MAT at a given treatment provider.

**Edit Strategies to attain the objective here:
(if needed)**☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of individuals receiving medication therapy per fiscal year

Baseline Measurement: 7,541

First-year target/outcome measurement: 6,500

Second-year target/outcome measurement: 6,500

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System and Medicaid Claims

New Data Source(if needed):

☐**Description of Data:**

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine-containing medications, Antabuse and acamprosate (and any future FDA-approved MAT medications) is determined from billing outside of Detoxification services.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

The count of consumers receiving medications is likely under-reported because contracted providers may have alternative funding sources such as non-governmental grants or funds, medication samples or other means of offsetting medication costs that are not visible to the DMH data systems.

New Data issues/caveats that affect outcome measures:☐**Report of Progress Toward Goal Attainment**

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How first year target was achieved (optional):**

The number of consumers receiving medications during treatment of AUD and/or OUD in FY 2024 is 13,716.

Priority #:

7

Priority Area:

Community Advocacy and Education

Priority Type:**Population(s):**

PP, Other

Goal of the priority area:

Create positive community norms, policy change, promote mental wellness, and reduce alcohol, tobacco and other drug availability in Missouri's communities.

Objective:☐**Strategies to attain the goal:**

- 1) Build state and community capacity for fostering strong partnerships and identifying new opportunities for collaboration.
- 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Student Survey and the Behavioral Health web too.
- 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth.
- 4) Continue the education initiative in Eastern Missouri to address heroin and other opioid drug use.

**Edit Strategies to attain the objective here:
(if needed)**☐**Annual Performance Indicators to measure goal success****Indicator #:**

1

Indicator:

Number of individuals trained in suicide prevention and intervention per fiscal year

Baseline Measurement:**First-year target/outcome measurement:**

Second-year target/outcome measurement:

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Prevention Unit

New Data Source(if needed):

☐

Description of Data:

The number of individuals trained in suicide prevention and intervention is tracked by contracted providers and reported to the DMH Prevention Unit.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of individuals trained in suicide prevention and intervention in FY 2024 is 12,661.

Indicator #:	2
Indicator:	Number of high-risk youth served in prevention programs per fiscal year
Baseline Measurement:	2,960
First-year target/outcome measurement:	3,000
Second-year target/outcome measurement:	3,000
New Second-year target/outcome measurement(if needed):	

Data Source:

DBH contracted providers

New Data Source(if needed):

☐

Description of Data:

Number of high-risk youth served in prevention programs is tracked and reported by contracted providers.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of high-risk youth served in prevention programs in FY 2024 is 3,893.

Indicator #: 3

Indicator: Number of persons trained in Mental Health First Aid per fiscal year

Baseline Measurement: 6,600

First-year target/outcome measurement: 6,500

Second-year target/outcome measurement: 6,500

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Prevention Uni

New Data Source(if needed):

Description of Data:

Number trained in Mental Health First Aid (MHFA) is tracked by DBH Prevention Unit staff.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of individuals trained in MHFA in FY 2024 is 7,785.

Priority #: 8

Priority Area: School-based Prevention Education

Priority Type:

Population(s): PP, Other

Goal of the priority area:

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence.

Objective:

Strategies to attain the goal:

- 1) Enhance protective factors and reverse or reduce risk factors for substance use and violence.
- 2) Improve academic and social-emotional learning to address risk factors.
- 3) Employ interactive techniques that allow for active involvement in learning.
- 4) Reinforce prevention skills over time with repeated interventions.
- 5) Ensure programming is culturally competent and age appropriate.
- 6) Conduct annual fidelity reviews.

Edit Strategies to attain the objective here:**(if needed)**☐**Annual Performance Indicators to measure goal success****Indicator #:** 1**Indicator:** Number of students participating in SPIRIT per fiscal year**Baseline Measurement:** 9,834**First-year target/outcome measurement:** 8,000**Second-year target/outcome measurement:** 8,000**New Second-year target/outcome measurement(if needed):****Data Source:**

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):☐**Description of Data:**

SPIRIT participation is tracked and reported by the program evaluator, MIMH.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

New Data issues/caveats that affect outcome measures:☐**Report of Progress Toward Goal Attainment****First Year Target:** ☒ Achieved ☐ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:**☐**How first year target was achieved (optional):**

The number of students participating in SPIRIT in FY 2024 is 9,239.

Indicator #: 2**Indicator:** Annual SPIRIT report generated**Baseline Measurement:** Yes**First-year target/outcome measurement:** Yes**Second-year target/outcome measurement:** Yes**New Second-year target/outcome measurement(if needed):**

Data Source:

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):☐**Description of Data:**

Annual report is generated and provided to DMH by MIMH. DMH posts the annual report to the DMH public website.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How first year target was achieved (optional):**

Annual SPIRIT report was generated and posted to the DMH website.

Priority #:

9

Priority Area:

Prescription Drug Overdose Deaths

Priority Type:**Population(s):**

PWWDC, PWID, Other

Goal of the priority area:

Prevent Opioid-related deaths and connect individuals experiencing overdose events to substance use disorder treatment

Objective:☐**Strategies to attain the goal:**

- 1) Increase the number of first responders, medical professionals, and other eligible groups trained to carry and administer naloxone.
- 2) Increase public awareness of opioid risks and best practices for assisting during an overdose event.

**Edit Strategies to attain the objective here:
(if needed)**☐

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of individuals trained to carry and administer naloxone or another opioid antagonist per fiscal year

Baseline Measurement:

6,228

First-year target/outcome measurement:

4,000

Second-year target/outcome measurement:

6,000

New Second-year target/outcome measurement(if needed):**Data Source:**

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):☐**Description of Data:**

The number of individuals trained to carry and administer naloxone is tracked and reported by MIMH

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How first year target was achieved (optional):**

The number of individuals trained to carry and administer naloxone in FY 2024 is 5,989.

Indicator #:

2

Indicator:

Number of naloxone kits distributed per fiscal year

Baseline Measurement:

30,642

First-year target/outcome measurement:

250,000

Second-year target/outcome measurement:

300,000

New Second-year target/outcome measurement(if needed):**Data Source:**

Missouri Institute for Mental Health (MIMH)

New Data Source(if needed):☐**Description of Data:**

The number of naloxone kits distributed is tracked and reported by MIMH.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (*optional*):

The number of naloxone kits distributed in FY 2024 is 274,694. Funding for and distribution was provided by the State Opioid Response (SOR) Grant, Settlement, Prescription Drug Overdose First Responder-Comprehensive Addiction Recovery Act Grant. SUPTRS BG Primary Prevention funds were not utilized this effort.

Priority #: 10

Priority Area: Evidence-based Behavioral Health Practices

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, PWWDC

Goal of the priority area:

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research

Objective:

☐

Strategies to attain the goal:

- 1) Continue to support EBP programs.
- 2) Provide ongoing monitoring of Fidelity in EBP programs.

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of adults served in ITCD

Baseline Measurement: 3,604

First-year target/outcome measurement: 3,000

Second-year target/outcome measurement: 3,000

New Second-year target/outcome measurement(*if needed*): 2,800

Data Source:

DMH Information System

New Data Source(*if needed*):

☐

Description of Data:

The number of ITCD consumers is determined from paid services in the DMH Information Systems.

New Description of Data:(*if needed*)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Due to qualified staff vacancies in key position with difficulties in rehiring in their locations, the target was not achieved. The number of adults served in ITCD in FY 2024 is 2,764. DMH is providing TA and support to ITCD teams to increase census numbers. FY 2025 target will be adjusted to 2,800.

How first year target was achieved (optional):

☐

Indicator #: 2
Indicator: Number of adults served in ACT per fiscal year
Baseline Measurement: 829
First-year target/outcome measurement: 900
Second-year target/outcome measurement: 900
New Second-year target/outcome measurement(if needed): 800

Data Source:

DMH Information Systems

New Data Source(if needed):

☐

Description of Data:

The number of adults served in the Assertive Community Treatment (ACT) program is tracked in the DMH Information Systems

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Two ACT teams unexpectedly discontinued due to workforce challenges, hiring & recruiting difficulties for newly created teams. The number of adults served in ACT in FY 2024 is 786. DMH is providing TA and support surrounding hiring, start-up and re-initiating new team start-up. FY 2025 target will be adjusted to 800.

How first year target was achieved (optional):

☐

Indicator #: 3
Indicator: Number of women served by Women & Children Specialty teams
Baseline Measurement: 120
First-year target/outcome measurement: 50
Second-year target/outcome measurement: 50
New Second-year target/outcome measurement(if needed):

Data Source:

DMH contracted providers

New Data Source(if needed):☐**Description of Data:**

The number of women serviced by Women & Children specialty teams is tracked and reported by contracted providers.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:☐**How first year target was achieved (optional):**

The number of women served by Women & Children's Specialty Teams in FY 2024 is 185.

Priority #: 11

Priority Area: Persons Who Inject Drugs

Priority Type:

Population(s): PWID

Goal of the priority area:

Ensure the provision of services to persons who inject drugs in accordance with SABG statutory requirements.

Objective:☐**Strategies to attain the goal:**

- 1) Monitor contractual requirements pertaining to PWID
- 2) Generate reports to monitor length of time to initiate treatment and percent engagement in treatment
- 3) Increase one-on-one discussions with key provider staff about data reports and target technical assistance as needed

**Edit Strategies to attain the objective here:
(if needed)**☐

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of individuals who inject drugs served in substance use disorder treatment per fiscal year
Baseline Measurement:	12,830
First-year target/outcome measurement:	10,000
Second-year target/outcome measurement:	10,000

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH information system

New Data Source(if needed):☐**Description of Data:**

The number of persons who inject drugs is determined from the route of administration for any of the substances reported in the TEDS data and paid services for substance use disorder treatment captured in the DMH information system during the fiscal year.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None.

New Data issues/caveats that affect outcome measures:☐

Report of Progress Toward Goal Attainment

First Year Target:

☐

Achieved

☒

Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

The number of persons who inject drugs that were served in substance use disorder treatment programs during FY 2024 is 9,817. Data on the route of administration of substances is collected in the Treatment Episode Data Set; however, since Missouri is currently transitioning the SUD treatment programs to the ASAM model of care and a new data collection system for the TEDS, the current completion percentage of records is lower than typical. The number is expected to return to previously normal amount once data collection returns to normal.

How first year target was achieved (optional):☐

Indicator #:

2

Indicator:

Average number of days from initial contact to the first service paid for PWID per fiscal year

Baseline Measurement:

4.91

First-year target/outcome measurement:

6.0

Second-year target/outcome measurement:

6.0

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH information system

New Data Source(if needed):☐**Description of Data:**

The average number of calendar days between the initial contact date to the date of service of the first paid service for PWID as reported at the treatment admission per fiscal year.

New Description of Data:(if needed)☐**Data issues/caveats that affect outcome measures:**

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The average number of days from initial contact to the first paid services for persons who inject drugs in FY 2024 is 3.16 days.

Indicator #: 3

Indicator: Percent of PWID who have engaged in treatment per fiscal year

Baseline Measurement: 85%

First-year target/outcome measurement: 80%

Second-year target/outcome measurement: 80%

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information Systems

New Data Source(if needed):

☐

Description of Data:

The percent of the persons who inject drugs as reported at the treatment admission that had at least 3 paid service dates during the program.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The percent of PWID who have engaged in treatment in FY 2024 is 90.4%.

Priority #: 12

Priority Area: Pregnant Women and Women with Dependent Children

Priority Type:

Population(s): PWWDC

Goal of the priority area:

Continue to provide services to pregnant women and women with dependent children

Objective:

☐

Strategies to attain the goal:

1) Monitor contractual compliance with regard to prioritization of admission for pregnant women to substance use disorder treatment

Edit Strategies to attain the objective here:

(if needed)

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year

Baseline Measurement: 6,497

First-year target/outcome measurement: 6,000

Second-year target/outcome measurement: 6,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information Systems

New Data Source(if needed):

☐

Description of Data:

The number of pregnant women and women with dependent children served is capture in the DMH information system as individuals with at least one paid service for substance use disorder services and indicate pregnant during treatment, having dependent children or both.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of pregnant women and women with dependent children served in substance use disorder treatment in FY 2024 is 6,402.

Priority #: 13

Priority Area: Early Serious Mental Illness and First Episode Psychosis

Priority Type: MHS, ESMI, BHCS

Population(s): ESMI

Goal of the priority area:

To improve services for individuals experiencing ESMI and FEP by implementing Coordinated Specialty Care at CCBHO's and increasing access to other evidence informed practices supporting this population.

Objective:☐**Strategies to attain the goal:**

- 1) Establish a best practice center, Early Psychosis Care Center (EPC)
- 2) Engage CCBHO's and community partners to provide education about best practices supporting this ESMI/FEP population.
- 3) Provide data collection, analysis, and evaluation to inform services, supports, and sustainability.

Edit Strategies to attain the objective here:

(if needed)

☐**Annual Performance Indicators to measure goal success**

Indicator #: 1

Indicator: Implementation of Coordinated Specialty Care Teams

Baseline Measurement: N/A

First-year target/outcome measurement: In Process

Second-year target/outcome measurement: Complete

New Second-year target/outcome measurement(if needed):

Data Source:

Director of Young Adult Services

New Data Source(if needed):

☐

Description of Data:

Phases of Implementation of the CSC teams is overseen by the DMH Children's Office, Director of Young Adult Services.

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The implementation of Coordinated Specialty Care teams in FY 2024 is in progress.

Indicator #: 2

Indicator: Number of individuals trained in First Episode Psychosis (FEP) best practices

Baseline Measurement: N/A

First-year target/outcome measurement: 500

Second-year target/outcome measurement: 600

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Children's Office

New Data Source(if needed):

☐

Description of Data:

Monitoring engagement is overseen by the Director of Youth Adult Services

New Description of Data:(if needed)

☐

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (optional):

The number of individuals trained in First Episode Psychosis (FEP) best practices in FY 2024 is 807.

Priority #: 14

Priority Area: Behavioral Health Services for Children

Priority Type: MHS, ESMI, BHCS

Population(s): SED, Other

Goal of the priority area:

To enhance children's behavioral health services by increasing knowledge of effective services, supports and interventions, enhancing the skills of service providers and expanding services based on the needs of the children, youth and families served.

Objective:

☐

Strategies to attain the goal:

- 1) Continue the statewide Children's Committee with standing agenda items for CSTAR or SUD treatment items. Committee will provide collaboration regarding issues of policy, training, treatment, funding, and outreach for adolescent substance use disorders.
- 2) Increase dissemination of research, best practices and success stories.

**Edit Strategies to attain the objective here:
(if needed)**

☐

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of SUD Committee meetings with adolescent focus

Baseline Measurement: 3

First-year target/outcome measurement: 3

Second-year target/outcome measurement: 3

New Second-year target/outcome measurement(*if needed*):

Data Source:

DBH Children's Unit

New Data Source(*if needed*):

☐

Description of Data:

The number of meetings is tracked by the DMH Children's Unit staff

New Description of Data:(*if needed*)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (*if not achieved,explain why*)

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved (*optional*):

The number of Substance Use Disorder Committee meetings with an adolescent substance use focus in FY 2024 is 3.

Indicator #: 2

Indicator: Number of posts of articles, research, and stories specific to behavioral healthcare for children per fiscal year

Baseline Measurement: 36

First-year target/outcome measurement: 40

Second-year target/outcome measurement: 40

New Second-year target/outcome measurement(*if needed*):

Data Source:

DBH Children's Unit

New Data Source(*if needed*):

☐

Description of Data:

The number of postings is tracked and reported by the DMH Children's Unit staff.

New Description of Data:(*if needed*)

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved *(optional)*:

The number of posts of articles, research and stories specific to behavioral healthcare for children in FY 2024 is 105.

Indicator #:

3

Indicator:

The number of individuals served in adolescent substance use disorder treatment

Baseline Measurement:

2,119

First-year target/outcome measurement:

1,800

Second-year target/outcome measurement:

1,800

New Second-year target/outcome measurement *(if needed)*:

Data Source:

DMH Information Systems

New Data Source *(if needed)*:

☐

Description of Data:

The number of individuals served in adolescent substance use disorder treatment is captured in the paid services in the DMH information system.

New Description of Data: *(if needed)*

☐

Data issues/caveats that affect outcome measures:

None.

New Data issues/caveats that affect outcome measures:

☐

Report of Progress Toward Goal Attainment

First Year Target:

☒

Achieved

☐

Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

☐

How first year target was achieved *(optional)*:

The number of adolescents served in substance use disorder treatment in FY 2024 is 2,419.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SUPTRS BG and state expenditures by the SSA during the SFY immediately preceding the FFY for which the state is applying for funds for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in the WebBGAS. Please note that this expenditure period is different from that on SUPTRS BG Table 4.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Activity (See instructions for entering expenses in Row 1)	A. SUPTRS BG	B. MHBG	C. Medicaid (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 ¹	I. ARP ²
1. Substance Use Prevention (Other than Primary Prevention), Treatment, and Recovery ³	\$20,639,794.00		\$60,078,953.50	\$41,508,112.31	\$48,887,369.20	\$0.00	\$0.00	\$1,368,658.86	\$7,356,518.10
a. Pregnant Women and Women with Dependent Children	\$2,633,332.82		\$2,950,146.41	\$0.00	\$5,124,575.55	\$0.00	\$0.00	\$119,983.54	\$247,887.98
b. Recovery Support Services	\$387,552.41		\$0.00	\$654,499.99	\$4,270,451.00	\$0.00	\$0.00	\$580,653.64	\$4,217,969.18
c. All Other	\$17,618,908.77		\$57,128,807.09	\$40,853,612.32	\$39,492,342.65	\$0.00	\$0.00	\$668,021.68	\$2,890,660.94
2. Substance Use Disorder Primary Prevention	\$6,691,373.88		\$0.00	\$6,594,606.57	\$8,343,186.93	\$0.00	\$0.00	\$435,719.72	\$1,039,568.90
3. Tuberculosis Services	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ⁴	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. State Hospital									
6. Other 24 Hour Care									
7. Ambulatory/Community Non-24 Hour Care									
8. Mental Health Primary Prevention									
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)									
10. Administration (Excluding Program and Provider Level)	\$790,931.50		\$0.00	\$1,859,080.31	\$1,339,276.00	\$0.00	\$0.00	\$0.00	\$0.00
11. Total	\$28,122,099.38	\$0.00	\$60,078,953.50	\$49,961,799.19	\$58,569,832.13	\$0.00	\$0.00	\$1,804,378.58	\$8,396,087.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

³Prevention other than primary prevention

⁴Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered "designated states" during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

III: Expenditure Reports

Table 3a – Syringe Services Program (SSP)

Expenditure Start Date: 10/01/2021 Expenditure End Date: 09/30/2023

SSP Expenditures						
SSP Agency Name	SSP Main Address	SUD Treatment Provider (Yes or No)	# Of locations (Include any mobile locations)	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds
No Data Available						

¹ The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

² The expenditure period for The ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Missouri does not fund a Syringe Services Program with SABG funds.

III: Expenditure Reports

Table 3b - Syringe Services Program

Expenditure Start Date: 10/1/2021 Expenditure End Date: 9/30/2023

SUPTRS							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
COVID-19 ¹							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0
ARP ²							
Syringe Services Program Name	# of Unique Individuals Served		HIV Testing (Please enter total number of individuals served)	Treatment for Substance Use Conditions (Please enter total number of individuals served)	Treatment for Physical Health (Please enter total number of individuals served)	STD Testing (Please enter total number of individuals served)	Hep C (Please enter total number of individuals served)
	0	ONSITE Testing	0	0	0	0	0
		REFERRAL to testing	0	0	0	0	0

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved **Second No Cost Extension (NCE)** for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until **March 14, 2025** to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

² The expenditure period for ARP supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

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Footnotes:

Missouri does not fund a Syringe Services Program with SABG funds.

III: Expenditure Reports

Table 3c – Harm Reduction Activities

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Harm Reduction Activities								Expenditures		
Provider/Program Name	Main Address	SSP (Yes/No)	Number of Naloxone Kits Purchased	Number of Naloxone Kits Distributed	Number of Overdose Reversals	Number of Fentanyl Test Strips Purchased	Number of Fentanyl Test Strips Distributed	SUPTRS BG Funds	COVID-19 ¹ Funds	ARP ² Funds
Assisted Recovery Centers Of America	1430 Olive Street	No	2	2	0	0	0	\$18.12	\$0.00	\$28.39
Assisted Recovery Centers Of America	4231 N Grand Blvd	No	37	37	0	0	0	\$1,245.99	\$0.00	\$306.25
Burrell Behavioral Health	800 South Park Avenue	No	1	1	0	0	0	\$239.60	\$0.00	\$0.00
Compass Health Inc.	1091 Midway Drive	No	3	3	0	0	0	\$153.67	\$0.00	\$0.00
Compass Health Inc.	1278 W Old Hwy 40	No	1	1	0	0	0	\$80.37	\$0.00	\$0.00
Compass Health Inc.	1700 West Main Street	No	2	2	0	0	0	\$138.62	\$0.00	\$0.00
Compass Health Inc.	1800 Community Drive	No	6	6	0	0	0	\$494.53	\$0.00	\$0.00
Compass Health Inc.	21 Municipal Dr	No	1	1	0	0	0	\$80.37	\$0.00	\$0.00
Compass Health Inc.	227 Metro Drive	No	2	2	0	0	0	\$160.74	\$0.00	\$0.00
Compass Health Inc.	320 North Mac Boulevard	No	4	4	0	0	0	\$102.08	\$0.00	\$177.22
Compass Health Inc.	3501 Berrywood Drive	No	2	2	0	0	0	\$89.98	\$0.00	\$0.00
Compass Health Inc.	501 N Sunset Ln	No	1	1	0	0	0	\$46.99	\$0.00	\$0.00
Compass Health Inc.	616 Burkarth Road	No	1	1	0	0	0	\$115.25	\$0.00	\$0.00
Compass Health Inc.	63 VFW Rd	No	1	1	0	0	0	\$58.25	\$0.00	\$0.00
Compass Health Inc.	703 N Devasher Rd	No	1	1	0	0	0	\$87.34	\$0.00	\$0.00
Preferred Family Healthcare Inc	500 Clark Ave	No	1	1	0	0	0	\$0.00	\$114.87	\$0.00
ReDiscover	3211 Woodland Ave	No	1	1	0	0	0	\$154.40	\$0.00	\$0.00

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the "standard" SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025, for most states.

²The expenditure period for ARP supplemental funding is September 1, 2021 - September 30, 2025, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 - June 30, 2025.

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Footnotes:

The majority of Naloxone Kits distributed through DMH activities are funded through the Opioid Settlement Fund, SOR grant and other fund not related to the SUPTRS Block Grant.

Overdose Reversal reports are voluntary and are not reported consistently.

Multiple funding sources can be used on the same invoice. Units of Naloxone kits have the percent of Block Grant or COVID-19 Funds applied to that invoice.

III: Expenditure Reports

Table 4 - State Agency SUPTRS BG Expenditure Compliance Report

This table is for the reporting of expenditures by category for the SUPTRS BG FY 2022 Award. States should complete this table and demonstrate compliance with SUPTRS BG statute and regulations during the two-year expenditure period for which the state was awarded. These include a minimum expenditure of no less than 20 percent for primary prevention, a capitation of 5 percent in SSA administration of the SUPTRS BG, and a required 5 percent for EIS/HIV in designated states during the award period. For detailed instructions, refer to those in WebBGAS.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Expenditure Category	FY 2022 SA Block Grant Award
1. Substance Use Prevention ¹ , Treatment, and Recovery	\$20,079,658.86
2. Substance Use Primary Prevention	\$5,636,458.44
3. Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) ²	\$0.00
4. Tuberculosis Services	\$0.00
5. Administration (excluding program/provider level)	\$1,056,747.70
Total	\$26,772,865.00

¹Prevention other than Primary Prevention

²Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior FFYs for which a state was applying for a grant. See EIS/HIV policy change in SUPTRS BG Annual Report instructions.

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Footnotes:

Amount of primary prevention funds planned for primary prevention programs (this amount matches the total reported in Table 5a)
\$4,831,725.51

Amount of primary prevention funds in Table 4, Line 2 that are planned for Prevention-SA resource development (this amount matches the total reported in Table 6) \$804,732.93

III: Expenditure Reports

SUPTRS BG Table 5a - Primary Prevention Expenditures

This table is for the reporting of expenditures on primary prevention activities and must demonstrate the state's compliance with the statutory minimum set-aside of no less than 20 percent of the SUPTRS BG 2022 Award during the two-year award period. The state or jurisdiction must complete SUPTRS BG Table 5a. The total reported on this table should be equal to that found in Table 4, Row 2 unless the state also reports expenditures in Table 6, Column B. In which case, the sum of Table 5a + Table 6, Column B should be equal to that reported on Table 4, Row 2. Expenditures within the six strategies should be directly associated with the cost of completing the activity or task. If a state used strategies not covered by these six categories or the state is unable to calculate expenditures by strategy, please report them under "Other."

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	Substance Use Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$58,342.59	\$626,636.17	\$158,864.32	\$0.00	\$0.00
Information Dissemination	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Universal	\$226,698.91	\$1,536,569.66	\$596,022.71	\$0.00	\$0.00
Information Dissemination	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Dissemination	Total	\$285,041.50	\$2,163,205.83	\$754,887.03	\$0.00	\$0.00
Education	Selective	\$1,158,257.56	\$0.00	\$58,994.51	\$0.00	\$0.00
Education	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Universal	\$543,651.17	\$0.00	\$539,766.53	\$0.00	\$0.00
Education	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Education	Total	\$1,701,908.73	\$0.00	\$598,761.04	\$0.00	\$0.00
Alternatives	Selective	\$323,372.23	\$0.00	\$12,747.51	\$0.00	\$0.00
Alternatives	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Universal	\$6,864.71	\$0.00	\$20,770.81	\$0.00	\$0.00
Alternatives	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alternatives	Total	\$330,236.94	\$0.00	\$33,518.32	\$0.00	\$0.00
Problem Identification and Referral	Selective	\$155.39	\$0.00	\$952.50	\$0.00	\$0.00
Problem Identification and Referral	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Problem Identification and Referral	Universal	\$91.21	\$0.00	\$1,428.75	\$0.00	\$0.00
Problem Identification and Referral	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Problem Identification and Referral	Total	\$246.60	\$0.00	\$2,381.25	\$0.00	\$0.00
Community-Based Process	Selective	\$494,181.37	\$0.00	\$1,011,216.02	\$0.00	\$0.00
Community-Based Process	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Universal	\$1,720,023.43	\$0.00	\$2,322,154.67	\$0.00	\$0.00
Community-Based Process	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community-Based Process	Total	\$2,214,204.80	\$0.00	\$3,333,370.69	\$0.00	\$0.00
Environmental	Selective	\$9,933.67	\$0.00	\$12,960.06	\$0.00	\$0.00
Environmental	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Universal	\$16,751.23	\$0.00	\$31,496.45	\$0.00	\$0.00
Environmental	Unspecified	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Environmental	Total	\$26,684.90	\$0.00	\$44,456.51	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Selective	\$12,060.75	\$0.00	\$342,924.52	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Universal	\$58,625.27	\$0.00	\$1,065,153.62	\$0.00	\$0.00
Section 1926 (Synar)-Tobacco	Total	\$70,686.02	\$0.00	\$1,408,078.14	\$0.00	\$0.00
Other	Universal Direct	\$90,245.88	\$0.00	\$255,206.56	\$0.00	\$0.00
Other	Universal Indirect	\$0.00	\$1,257,707.40	\$0.00	\$0.00	\$0.00
Other	Selective	\$112,470.14	\$0.00	\$312,101.17	\$0.00	\$0.00
Other	Indicated	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	Total	\$202,716.02	\$1,257,707.40	\$567,307.73	\$0.00	\$0.00
	Grand Total	\$4,831,725.51	\$3,420,913.23	\$6,742,760.71		

Section 1926 (Synar)-Tobacco: Costs associated with the Synar Program Pursuant to the January 19, 1996 federal regulation "Tobacco Regulation for Substance Abuse Prevention and Treatment Block Grants, Final Rule" (45 CFR § 96.130), a state may not use the SUPTRS BG to fund the enforcement of its statute, except that it may expend funds from its primary prevention set aside of its Block Grant allotment under 45 CFR §96.124(b)(1) for carrying out the administrative aspects of the requirements, such as the development of the sample design and the conducting of the inspections. States should include any non-SUPTRS BG funds* that were allotted for Synar activities in the appropriate columns under 7 below.

*Please list all sources, if possible (e.g., Centers for Disease Control and Prevention, Block Grant, foundations, etc.)

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Footnotes:

III: Expenditure Reports

Table 5b - SUPTRS BG Primary Prevention Targeted Priorities (Required)

The purpose of the first table is for the state or jurisdiction to identify the substance and/or categories of substances it identified through its needs assessment and then addressed with primary prevention set-aside dollars from the FY 2022 SUPTRS BG NoA. The purpose of the second table is to identify each special population the state or jurisdiction selected as a priority for primary prevention set-aside expenditures.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

SUPTRS BG Award	
Prioritized Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Fentanyl	<input checked="" type="checkbox"/>
Prioritized Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input checked="" type="checkbox"/>
LGBTQ+	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>

Rural	<input checked="" type="checkbox"/>
Other Underserved Racial and Ethnic Minorities	<input type="checkbox"/>

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Footnotes:

III: Expenditure Reports

Table 6 - Non Direct Services/System Development

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Activity	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated ¹
1. Information Systems	\$0.00	\$0.00	\$0.00
2. Infrastructure Support	\$0.00	\$15,752.38	\$0.00
3. Partnerships, community outreach, and needs assessment	\$12,335.74	\$763,980.55	\$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	\$0.00	\$0.00	\$0.00
5. Quality Assurance and Improvement	\$0.00	\$0.00	\$0.00
6. Research and Evaluation	\$0.00	\$0.00	\$0.00
7. Training and Education	\$0.00	\$25,000.00	\$0.00
8. Total	\$12,335.74	\$804,732.93	\$0.00

¹Integrated refers to funds both treatment and prevention portions of the SUPTRS BG for overarching activities.

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






Footnotes:

III: Expenditure Reports

Table 7 - Statewide Entity Inventory

This table provides a report of the sub-recipients of SUPTRS BG funds including community and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes system development/non-direct service expenditures.

Expenditure Period Start Date: 10/01/2021 Expenditure Period End Date: 09/30/2023

Source of Funds Substance Use Block Grant																	
	Entity Number	I-BHS ID (formerly I-SATS)		Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Street Address	City	State	Zip	A. All SUPTRS BG Funds	B. Prevention (other than primary prevention) and Treatment Services	C. Pregnant Women and Women with Dependent Children	D. Primary Prevention	E. Early Intervention Services for HIV	F. Syringe Services Program	G ¹ . Opioid Treatment Programs (OTPs)	H. Office- based opioid treatment (OBOTs)
*	1674	MO100626		Eastern	Assisted Recovery Centers of America, LLC (ARCA)	1430 Olive St, Suite 100	St. Louis	MO	63103-2303	\$483,740.00	\$483,740.00	\$0.00	\$0.00	\$0.00	\$0.00	\$373,835.00	\$0.00
*	4075	MO102379		Southwest	BHG XLIII, LLC	2551 West Kearney Street	Springfield	MO	65803-2034	\$29,391.00	\$29,391.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,391.00	\$0.00
*	4076	MO100090		Southeast	BHG XXIX	1369 North Westwood Blvd. Suite C PMB 262	Poplar Bluff	MO	63901-3313	\$23,411.00	\$23,411.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,411.00	\$0.00
*	4077	MO100087		Southeast	BHG XXVIII	1639 Bruce Smith Parkway	West Plains	MO	65775-7691	\$17,880.00	\$17,880.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,880.00	\$0.00
*	318	MO101293		Eastern	Center For Life Solutions, Inc.	9144 Pershall Road	Hazelwood	MO	63042-2821	\$315,529.00	\$315,529.00	\$0.00	\$0.00	\$0.00	\$0.00	\$315,529.00	\$0.00
*	49aa	MO103207		Central	Compass Health Inc.	1700 W Main St	Sedalia	MO	65301-3635	\$112,156.00	\$112,156.00	\$14,958.00	\$0.00	\$0.00	\$0.00	\$63,998.00	\$0.00
*	4073a	MO100048		Central	DRD Management, Inc.	1301 Vandiver Square Suite Y	Columbia	MO	65202-3918	\$27,026.00	\$27,026.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,026.00	\$0.00
*	4073b	MO100328		Northwest	DRD Management, Inc.	2534 Campbell St Suite B	Kansas City	MO	64108-2730	\$45,555.00	\$45,555.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,555.00	\$0.00
*	4073c	MO100042		Southwest	DRD Management, Inc.	404 E Battlefield	Springfield	MO	65807-4802	\$36,547.00	\$36,547.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36,547.00	\$0.00
*	201	MO101433		Eastern	Gateway Foundation, Inc.	1430 Olive St Suite 300	St. Louis	MO	63103-2303	\$1,997.00	\$1,997.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82.00	\$0.00
*	4072	MO103249		Eastern	Metro Treatment Of Missouri, LP	9733 St. Charles Rock Road Suite 108	Breckenridge Hills	MO	63114-2625	\$923.00	\$923.00	\$0.00	\$0.00	\$0.00	\$0.00	\$923.00	\$0.00
*	4072c	MO102378		Eastern	Metro Treatment Of Missouri, LP	2027 Campus Drive	St. Charles	MO	63301-1047	\$9.00	\$9.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.00	\$0.00
*	57d	MO102569		Northwest	ReDiscover	5904 Bannister Rd	Kansas City	MO	64134-1141	\$70,812.00	\$70,812.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70,812.00	\$0.00
*	57b	MO100667		Northwest	ReDiscover	1000 E 24th St	Kansas City	MO	64108-2776	\$312,998.00	\$312,998.00	\$0.00	\$0.00	\$0.00	\$0.00	\$312,998.00	\$0.00
*	4074	MO101724		Southwest	VCPHCS XV, LLC	2919 East 4th Street	Joplin	MO	64801-1625	\$37,227.00	\$37,227.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37,227.00	\$0.00
*	269	MO105087		Eastern	Westend Clinic	5736 W Florissant Ave	St Louis	MO	63120-2457	\$246,625.00	\$246,625.00	\$0.00	\$0.00	\$0.00	\$0.00	\$246,625.00	\$0.00
	1732	MO101703		Southwest	A & M Recovery, LLC	2550 S Campbell Ave, Suite D	Springfield	MO	65807-3695	\$7,957.00	\$7,957.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3020	X		Northwest	Academy Of Addiction Services	3551 Wabash Ave	Kansas City	MO	64110-3543	\$2,668.00	\$2,668.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4105	X		Northwest	Amethyst Place	2735A Troost Ave	Kansas City	MO	64109-0000	\$1,821.00	\$1,821.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1729	X		Southwest	ASCENT Recovery Residences	4202 E 26th St	Joplin	MO	64804-3445	\$384.00	\$384.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1674a	MO102667		Eastern	Assisted Recovery Centers of America, LLC (ARCA)	4231 N Grand Blvd	St Louis	MO	63107-1807	\$79.00	\$79.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	173	MO101735		Eastern	BASIC	3654 S Grand Blvd	St Louis	MO	63118-3404	\$125,581.00	\$125,581.00	\$33,725.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1641	X	✗	Eastern	Big Brothers Big Sisters of Eastern Missouri	501 North Grand Blvd.	St. Louis	MO	63103 -0000	\$346,521.00	\$0.00	\$0.00	\$346,521.00	\$0.00	\$0.00	\$0.00	\$0.00
43	MO102523	✗	Southwest	Burrell, Inc.	930 South Robberson Street	Springfield	MO	65807 -3852	\$1,254,862.00	\$1,109,795.00	\$0.00	\$145,067.00	\$0.00	\$0.00	\$0.00	\$0.00
43t	MO101452	✗	Southwest	Burrell, Inc.	Parole and Probation District 10 Office 2530 South	Springfield	MO	65807 -0000	\$65.00	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43u	MO750593	✗	Southwest	Burrell, Inc.	800 S. Park Avenue	Springfield	MO	65802 -4855	\$83,917.00	\$83,917.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3098	X	✗	Eastern	Center For Women In Transition	7716 S Broadway	St. Louis	MO	63111 -3409	\$8,954.00	\$8,954.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3097	X	✗	Eastern	Child And Family Empowerment Center	4145 Kennerly Ave	St Louis	MO	63113 -2942	\$12,982.00	\$12,982.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
74a	MO103330	✗	Central	Community Mental Health Consultants	306 South Independence Street	Harrisonville	MO	64701 -0000	\$2,514.00	\$2,514.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
74	MO100930	✗	Southwest	Community Mental Health Consultants	815 S Ash St	Nevada	MO	64772 -3222	\$1,537.00	\$1,537.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1642	X	✗	Southwest	Community Partnership of the Ozarks	330 North Jefferson Avenue	Springfield	MO	65806 -0000	\$542,402.00	\$0.00	\$0.00	\$542,402.00	\$0.00	\$0.00	\$0.00	\$0.00
82	MO901592	✗	Eastern	Community Treatment, Inc.	227 East Main Street	Festus	MO	63028 -1816	\$7,507.00	\$7,507.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
82a	MO103009	✗	Eastern	Community Treatment, Inc.	21 Municipal Dr	Arnold	MO	63010 -1012	\$288.00	\$288.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
82c	MO101822	✗	Eastern	Community Treatment, Inc.	222 N Mill St	Festus	MO	63028 -1818	\$955.00	\$955.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
82d	MO101493	✗	Eastern	Community Treatment, Inc.	1817 Gravois Rd	High Ridge	MO	63049 -2668	\$78.00	\$78.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49an	MO106309	✗	Central	Compass Health Inc.	17571 N Dam Access Rd	Warsaw	MO	65355 -6396	\$1,356.00	\$1,356.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49ar	MO901527	✗	Central	Compass Health Inc.	1800 Community Dr	Clinton	MO	64735 -8804	\$1,428,245.00	\$1,019,407.00	\$2,588.00	\$408,838.00	\$0.00	\$0.00	\$0.00	\$0.00
49au	MO102111	✗	Central	Compass Health Inc.	860 Lynn St	Lebanon	MO	65536 -3810	\$30,517.00	\$30,517.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49av	MO100187	✗	Central	Compass Health Inc.	227 Metro Drive	Jefferson City	MO	65109 -1134	\$15,350.00	\$15,350.00	\$2,302.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49aw	MO106283	✗	Central	Compass Health Inc.	206 S Mill St	Eldon	MO	65026 -1864	\$142.00	\$142.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49ay	MO101445	✗	Central	Compass Health Inc.	Probation and Parole District 26 Office 1397 State	Fulton	MO	65251 -0000	\$35,966.00	\$35,966.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49e	MO100271	✗	Central	Compass Health Inc.	109 Wesmor St	Clinton	MO	64735 -1786	\$12,012.00	\$12,012.00	\$12,012.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49f	MO101502	✗	Central	Compass Health Inc.	1000 W Nifong Blvd Bldg 6	Columbia	MO	65203 -5615	\$5,804.00	\$5,804.00	\$2,636.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49g	MO902269	✗	Central	Compass Health Inc.	201 N Garth	Columbia	MO	65203 -0000	\$92,302.00	\$92,302.00	\$92,302.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49h	MO102461	✗	Central	Compass Health Inc.	3501 Berrywood Dr	Columbia	MO	65201 -6584	\$64,175.00	\$64,175.00	\$16,405.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49i	MO100483	✗	Central	Compass Health Inc.	2625 Fairway Dr	Fulton	MO	65251 -4023	\$7,644.00	\$7,644.00	\$1,363.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49m	MO103231	✗	Central	Compass Health Inc.	300 Galaxie Ave	Harrisonville	MO	64701 -2084	\$5,525.00	\$5,525.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49p	MO100179	✗	Central	Compass Health Inc.	1091 Midway Dr	Linn Creek	MO	65052 -1687	\$41,572.00	\$41,572.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49q	MO106614	✗	Central	Compass Health Inc.	1239 Santa Fe Trl Suite 300	Marshall	MO	65340 -9168	\$2,433.00	\$2,433.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49az	MO101509	✗	Northwest	Compass Health Inc.	c/o Carol County Senior Center 200 Lifecare Lane	Carrollton	MO	64633 -0000	\$831.00	\$831.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49as	MO100313	✗	Northwest	Compass Health Inc.	616 Burkarth Road	Warrensburg	MO	64093 -1462	\$6,199.00	\$6,199.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49at	MO103124	✗	Northwest	Compass Health Inc.	1278 W Old Hwy 40	Odessa	MO	64076 -9612	\$526.00	\$526.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	49n	MO102466	✖	Northwest	Compass Health Inc.	1810 Spruce St	Higginsville	MO	64037-1537	\$3,690.00	\$3,690.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	49ag	MO102482	✖	Southeast	Compass Health Inc.	155 Park Dr	St. Robert	MO	65584-7860	\$2,135.00	\$2,135.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	49al	MO103280	✖	Northwest	Compass Health Inc.	703 N Devasher Rd	Warrensburg	MO	64093-9322	\$15,821.00	\$15,821.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	49w	MO102536	✖	Northwest	Compass Health Inc.	501 N Sunset Ln	Raymore	MO	64083-9402	\$5,240.00	\$5,240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	49y	MO100115	✖	Northwest	Compass Health Inc.	104 Main Street	Sweet Springs	MO	65351-1315	\$210.00	\$210.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	49b	MO100280	✖	Southwest	Compass Health Inc.	805 N Orange St	Butler	MO	64730-9382	\$647.00	\$647.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	49r	MO103801	✖	Southwest	Compass Health Inc.	320 Mac Blvd	Nevada	MO	64772-3990	\$3,040.00	\$3,040.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	49j	MO103918	✖	Southwest	Compass Health Inc.	107 W Broadway St	El Dorado Springs	MO	64744-1133	\$678.00	\$678.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	58a	MO100184	✖	Northwest	Comprehensive Mental Health Services	4231 South Hocker Dr.	Independence	MO	64055-4723	\$352.00	\$352.00	\$246.00	\$0.00	\$0.00	\$0.00	\$0.00
	58d	MO105772	✖	Northwest	Comprehensive Mental Health Services	416 East College	Independence	MO	64050-2918	\$73.00	\$73.00	\$73.00	\$0.00	\$0.00	\$0.00	\$0.00
	58f	MO100710	✖	Northwest	Comprehensive Mental Health Services	4311 East 58th Street	Kansas City	MO	64130-4524	\$362.00	\$362.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	58g	MO102319	✖	Northwest	Comprehensive Mental Health Services	7447 Holmes	Kansas City	MO	64131-1691	\$485.00	\$485.00	\$104.00	\$0.00	\$0.00	\$0.00	\$0.00
	1850	X	✖	Northwest	Counselors Obediently Preventing Substance Abuse	3800 Agnes Street	Kansas City	MO	64128-2539	\$3,216.00	\$3,216.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1206a	X	✖	Eastern	Curators of the University of Missouri	341 Woods Hall, One University Blvd	St. Louis	MO	63121-4400	\$622,707.00	\$20,000.00	\$0.00	\$602,707.00	\$0.00	\$0.00	\$0.00
	1876	X	✖	Southwest	Damascus Road Outreach	1005 W Daugherty	Webb City	MO	64870-2009	\$2,847.00	\$2,847.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	314	X	✖	Northwest	Dismas House of Kansas City	210 S Main St	Independence	MO	64050-3809	\$31,581.00	\$31,581.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	8	X	✖	Central	Division of Behavioral Health - Central Office	1706 E. Elm	Jefferson City	MO	65101-0000	\$155,344.00	\$6,357.00	\$0.00	\$148,987.00	\$0.00	\$0.00	\$0.00
	3096	X	✖	Southwest	Dynamic New Visions, LLC	360 Rinehart Rd	Branson	MO	65616-9193	\$640.00	\$640.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56q	MO105848	✖	Southwest	Family Counseling Center, Inc.	219 E 2nd St	Mountain Grove	MO	65711-1749	\$98.00	\$98.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56z	MO102549	✖	Southwest	Family Counseling Center, Inc.	808 North Jefferson St #1	Ava	MO	65608-5513	\$48.00	\$48.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56v	MO750502	✖	Southeast	Family Counseling Center, Inc.	1015 Lanton Rd	West Plains	MO	65775-3854	\$8,280.00	\$8,280.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56w	MO100093	✖	Southeast	Family Counseling Center, Inc.	3403 Division Dr	West Plains	MO	65775-5789	\$223.00	\$223.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56x	MO000041	✖	Southeast	Family Counseling Center, Inc.	3411 Division Drive	West Plains	MO	65775-5789	\$17.00	\$17.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56a	MO100868	✖	Southeast	Family Counseling Center, Inc.	626 Independence Street	Cape Girardeau	MO	63703-6228	\$48,937.00	\$48,937.00	\$48,937.00	\$0.00	\$0.00	\$0.00	\$0.00
	56b	MO101128	✖	Southeast	Family Counseling Center, Inc.	20 South Sprigg Street Suite 2	Cape Girardeau	MO	63703-6212	\$280,317.00	\$39,800.00	\$39,800.00	\$240,517.00	\$0.00	\$0.00	\$0.00
	56c	X	✖	Southeast	Family Counseling Center, Inc.	106 S. Fredrick St	Cape Girardeau	MO	63703-6218	\$49,130.00	\$49,130.00	\$49,130.00	\$0.00	\$0.00	\$0.00	\$0.00
	56k	MO301793	✖	Southeast	Family Counseling Center, Inc.	500 Highway J	Hayti	MO	63851-1200	\$54,979.00	\$54,979.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	56l	MO102385	✖	Southeast	Family Counseling Center, Inc.	1073 Jones St	Kennett	MO	63857-3866	\$16,920.00	\$16,920.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

45	MO101532	✖	Northwest	Family Guidance Center	3411 Division Dr	St. Joseph	MO	64506-2604	\$7,554.00	\$7,554.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45b	MO902608	✖	Northwest	Family Guidance Center	109 East Summit Drive	Maryville	MO	64468-3615	\$14.00	\$14.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45c	MO105244	✖	Northwest	Family Guidance Center	901 Felix St	St. Joseph	MO	64501-2706	\$2,227.00	\$2,227.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
156	MO101029	✖	Southwest	Family Self Help Center Inc	1809 S Connor Ave	Joplin	MO	64804-1837	\$109,724.00	\$109,724.00	\$109,724.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
156a	MO100287	✖	Southwest	Family Self Help Center Inc	118 W Spring St	Neosho	MO	64850-1720	\$5,077.00	\$5,077.00	\$5,077.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
171	X	✖	Northwest	First Call Alcohol/Drug Prevention & Recovery	633 East 63rd Street	Kansas City	MO	64110-0000	\$196,800.00	\$0.00	\$0.00	\$196,800.00	\$0.00	\$0.00	\$0.00	\$0.00
3028	X	✖	Northwest	Footprints, Inc	4501 Troost Ave	Kansas City	MO	64110-1709	\$1,269.00	\$1,269.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4108	X	✖	Central	Fresh Start Sober Living Programs	548 E. Clearview Dr	Columbia	MO	65205-0000	\$71,636.00	\$71,636.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4013	X	✖	Southwest	Full Health Wellness Systems	100 S. Prewitt Street	Nevada	MO	64772-1760	\$577.00	\$577.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55a	MO903911	✖	Southeast	Gibson Center for Behavioral Change	1112 Linden Street	Cape Girardeau	MO	63703-0000	\$199,119.00	\$199,119.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55b	MO101587	✖	Southeast	Gibson Center for Behavioral Change	213 N Sprigg St	Cape Girardeau	MO	63703-6240	\$52,503.00	\$52,503.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55c	MO100058	✖	Southeast	Gibson Center for Behavioral Change	208 W Broadway St	Marble Hill	MO	63764-4300	\$2,999.00	\$2,999.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55d	MO103785	✖	Southeast	Gibson Center for Behavioral Change	1418 W St Joseph St Suite 60	Perryville	MO	63775-0000	\$12,816.00	\$12,816.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55e	MO104593	✖	Southeast	Gibson Center for Behavioral Change	137 E Front St	Sikeston	MO	63801-2809	\$34,742.00	\$34,742.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55f	MO101673	✖	Southeast	Gibson Center for Behavioral Change	340 South Broadview Street	Cape Girardeau	MO	63703-5703	\$17,500.00	\$17,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4100	X	✖	Southeast	Goliath House	2208 Rhonda Drive	West Plains	MO	65775-0000	\$3,623.00	\$3,623.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4106	X	✖	Eastern	Guiding Lights, LLC	1200 Tower Grove Ave	St Louis	MO	63110-0000	\$9,136.00	\$9,136.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4099	X	✖	Southeast	Hanani House	5568 Chestnut St	Augusta	MO	63332-0000	\$6,781.00	\$6,781.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
353	X	✖	Northwest	Healing House, Inc.	4505 St. John Avenue	Kansas City	MO	64123-1838	\$23,534.00	\$23,534.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154i	MO301785	✖	Northwest	Heartland Center for Behavioral Change	1730 Prospect Avenue Suite 300	Kansas City	MO	64127-2544	\$26,492.00	\$26,492.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154c	MO100045	✖	Northwest	Heartland Center for Behavioral Change	103 North Main Street Suite 102	Independence	MO	64050-0000	\$107,213.00	\$107,213.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154d	MO100870	✖	Northwest	Heartland Center for Behavioral Change	1534 Campbell Street	Kansas City	MO	64108-0000	\$378,948.00	\$378,948.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154e	MO100044	✖	Northwest	Heartland Center for Behavioral Change	1212 McGee Street	Kansas City	MO	64106-0000	\$16,273.00	\$16,273.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154f	MO100526	✖	Northwest	Heartland Center for Behavioral Change	1205 W College	Liberty	MO	64048-1035	\$4,328.00	\$4,328.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154h	MO102655	✖	Southwest	Heartland Center for Behavioral Change	1420 S Enterprise Ave Suites I & J	Springfield	MO	65804-1738	\$17,912.00	\$17,912.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
154a	MO101480	✔	Southwest	Heartland Center for Behavioral Change	320 South Market Avenue	Bolivar	MO	65613-2045	\$657.00	\$657.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

372	X	✗	Southwest	Higher Ground Recovery Center	2032 E Kearney	Springfield	MO	65803-4662	\$33,625.00	\$33,625.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4057	X	✗	Southeast	Holcomb General Baptist Church	404 State Highway 25	Holcomb	MO	63852-7158	\$4,891.00	\$4,891.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3064	X	✗	Central	In2Action	1403 Lakewood Dr., Apt C	Columbia	MO	65202-2555	\$27,843.00	\$27,843.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4049	X	✗	Eastern	Jubilee Community Church	4231 N Grand Blvd	St Louis	MO	63107-1807	\$3,030.00	\$3,030.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
111	X	✗	Northwest	Kim Wilson Housing Inc	730 Armstrong Ave	Kansas City	MO	66101-2702	\$1,612.00	\$1,612.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1646	X	✗	Central	Lincoln University	Business & Finance 306 Young Hall	Jefferson City	MO	65109-0000	\$68,740.00	\$0.00	\$0.00	\$68,740.00	\$0.00	\$0.00	\$0.00	\$0.00
4103	X	✗	Eastern	Liv Recovery Sober Living	5 Jamestown Dr	St Peters	MO	63376-0000	\$12,655.00	\$12,655.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41h	MO102473	✗	Eastern	Mark Twain Association for Mental Health, Inc.	154 Forrest Dr	Hannibal	MO	63401-5511	\$61.00	\$61.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41c	MO750098	✗	Eastern	Mark Twain Association for Mental Health, Inc.	146 Communications Dr	Hannibal	MO	63401-3672	\$21,885.00	\$21,885.00	\$1,140.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41d	MO100315	✗	Eastern	Mark Twain Association for Mental Health, Inc.	3125 Palmyra Rd	Hannibal	MO	63401-2203	\$21,223.00	\$21,223.00	\$12,221.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41e	MO100016	✗	Eastern	Mark Twain Association for Mental Health, Inc.	154 Forrest Dr	Hannibal	MO	63401-5511	\$13,230.00	\$13,230.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41a	MO101793	✗	Central	Mark Twain Association for Mental Health, Inc.	1420 Business 61 South Unit G	Bowling Green	MO	63334-5230	\$4,969.00	\$4,969.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41f	MO101011	✗	Central	Mark Twain Association for Mental Health, Inc.	201 East Monroe St Suite 103	Mexico	MO	65265-2852	\$2,517.00	\$2,517.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41g	MO106671	✗	Central	Mark Twain Association for Mental Health, Inc.	100 East Rollins Street Suite A	Moberly	MO	65270-2269	\$1,064.00	\$1,064.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2055	X	✗	Northwest	Mercy Tree Network	1302 S Maguire St	Warrensburg	MO	64093-8617	\$4,365.00	\$4,365.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
325	X	✗	Southeast	Mission Missouri	509 Ruth St.	Sikeston	MO	63801-2763	\$11,242.00	\$11,242.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1647	X	✗	Statewide	Missouri Alliance of Boys & Girls Clubs	10025 Thomas Bridge Loop	Pilot Grove	MO	65276-0000	\$385,509.00	\$0.00	\$0.00	\$385,509.00	\$0.00	\$0.00	\$0.00	\$0.00
1500	X	✗	Central	Missouri Mental Health Foundation	221 Metro Drive	Jefferson City	MO	65109-4412	\$189,949.00	\$189,949.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
152	X	✗	Eastern	National Council on Alcoholism & Drug Abuse	8790 Manchester Road	Brentwood	MO	63144-0000	\$776,583.00	\$0.00	\$0.00	\$776,583.00	\$0.00	\$0.00	\$0.00	\$0.00
3086	X	✗	Southwest	New Beginning Sanctuary	1925 E Bennett St.	Springfield	MO	65804-1425	\$43,427.00	\$43,427.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3086a	X	✗	Northwest	New Beginning Sanctuary KC	12811 McGee St	Kansas City	MO	64145-1321	\$7,816.00	\$7,816.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4062	X	✗	Southeast	New Life Mission Inn - Missouri	114 W. South	Perryville	MO	63775-0545	\$42.00	\$42.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4146	X	✗	Southeast	Not By Might Recovery Services	509 Ruth Street	Sikeston	MO	63801-2763	\$293.00	\$293.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52a	MO100305	✗	Southwest	Ozark Center	1105 East 32nd St, Suite 1	Joplin	MO	64804-2879	\$23,599.00	\$23,599.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52e	MO100650	✗	Southwest	Ozark Center	305 S Virginia Street	Joplin	MO	64801-2323	\$29,070.00	\$29,070.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52h	MO100869	✗	Southwest	Ozark Center	307 West 11th Street	Lamar	MO	64759-1428	\$447.00	\$447.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

52i	MO103389	✖	Southwest	Ozark Center Washington Street	Neosho	MO	64850 -1521	\$2,100.00	\$210.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52k	MO901501	✖	Southwest	Ozark Center 3010 McClelland Bld	Joplin	MO	64804 -1637	\$19,745.00	\$19,745.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4104	X	✖	Northwest	Ozark Recovery Housing, LLC	Kansas City	MO	64124 -1977	\$8,463.00	\$8,463.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
52i	MO102159	✖	Central	Phoenix Programs, Inc.	Columbia	MO	65202 -1589	\$475,133.00	\$475,133.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4014	X	✖	Northwest	Pieces Peaces 2509 Brooklyn Ave	Kansas City	MO	64127 -3824	\$17,443.00	\$17,443.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
241	X	✖	Eastern	Pieces For People 1001 Lynch Street	St. Louis	MO	63118 -1818	\$360,709.00	\$360,709.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1726	X	✖	Central	Powerhouse Community Development Corporation	Marshall	MO	65340 -1635	\$60,456.00	\$60,456.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153a	MO103892	✖	Central	Preferred Family Healthcare, Inc.	Brookfield	MO	64628 -2003	\$193.00	\$193.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153ad	MO105202	✖	Central	Preferred Family Healthcare, Inc.	Trenton	MO	64683 -2565	\$19,822.00	\$19,822.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153ah	MO102695	✖	Central	Preferred Family Healthcare, Inc.	Macon	MO	63552 -2615	\$184.00	\$184.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153i	MO101797	✖	Central	Preferred Family Healthcare, Inc.	Kirksville	MO	63501 -4520	\$4,864,011.00	\$4,425,289.00	\$6,792.00	\$438,722.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153j	MO101169	✖	Central	Preferred Family Healthcare, Inc.	Kirksville	MO	63501 -3943	\$22,469.00	\$22,469.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153d	MO105723	✖	Central	Preferred Family Healthcare, Inc.	Jefferson City	MO	65101 -3058	\$18,495.00	\$18,495.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153e	MO100668	✖	Central	Preferred Family Healthcare, Inc.	Jefferson City	MO	65109 -0800	\$2,632.00	\$2,632.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153n	MO105046	✖	Central	Preferred Family Healthcare, Inc.	Moberly	MO	65270 -5152	\$2,464.00	\$2,464.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153s	MO100786	✖	Eastern	Preferred Family Healthcare, Inc.	St. Charles	MO	63303 -4149	\$517,231.00	\$517,231.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153u	MO105715	✖	Eastern	Preferred Family Healthcare, Inc.	St. Charles	MO	63301 -2558	\$23,547.00	\$23,547.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153v	MO105038	✖	Eastern	Preferred Family Healthcare, Inc.	St. Joseph	MO	64506 -3605	\$72.00	\$72.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153w	MO102125	✖	Eastern	Preferred Family Healthcare, Inc.	St. Louis	MO	63128 -1390	\$4,439.00	\$4,439.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153x	MO102414	✖	Eastern	Preferred Family Healthcare, Inc.	St. Louis	MO	63119 -5602	\$301,614.00	\$301,614.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153y	MO100193	✖	Eastern	Preferred Family Healthcare, Inc.	St. Louis	MO	63108 -1615	\$235,784.00	\$235,784.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153z	MO100765	✖	Eastern	Preferred Family Healthcare, Inc.	St. Louis	MO	63116 -3510	\$81,607.00	\$81,607.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153ay	MO101486	✖	Eastern	Preferred Family Healthcare, Inc.	Union	MO	63084 -1363	\$50,641.00	\$50,641.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153b	MO101449	✖	Eastern	Preferred Family Healthcare, Inc.	Florissant	MO	63033 -6744	\$46,237.00	\$46,237.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153bb	MO102803	✖	Eastern	Preferred Veterans Family Memorial Parkway	Warrenton	MO	63383 -1314	\$22,211.00	\$22,211.00	\$11.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153ae	MO106069	✖	Eastern	Preferred Family Healthcare, Inc.	Troy	MO	63379 -1503	\$56,590.00	\$56,590.00	\$992.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
153af	MO102582	✖	Eastern	Preferred Family Healthcare, Inc.	Union	MO	63084 -1004	\$107,058.00	\$107,058.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	153ag	MO101458	✗	Eastern	Preferred Family Healthcare, Inc.	2510 South Brentwood	Brentwood	MO	63144 -2329	\$553.00	\$553.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153aa	MO100503	✗	Eastern	Preferred Family Healthcare, Inc.	5025 Northrup Avenue	St. Louis	MO	63110 -2029	\$37,261.00	\$37,261.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ab	MO100082	✗	Eastern	Preferred Family Healthcare, Inc.	2120 Parkway Drive	St. Peters	MO	63376 -6459	\$133.00	\$133.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153ac	MO101824	✗	Eastern	Preferred Family Healthcare, Inc.	14426 South Outer 40 Road	Town And Country	MO	63017 -5711	\$71,203.00	\$71,203.00	\$524.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153K	MO000025	✗	Northwest	Preferred Family Healthcare, Inc.	7 Westcove Street	Liberty	MO	64068 -1166	\$2,383.00	\$2,383.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153m	MO101479	✗	Northwest	Preferred Family Healthcare, Inc.	611 West Third Street	Milan	MO	63556 -1000	\$1,285.00	\$1,285.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153h	MO102019	✗	Northwest	Preferred Family Healthcare, Inc.	8333 East Blue Parkway	Kansas City	MO	64133 -4750	\$804,182.00	\$804,182.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153r	MO101136	✗	Northwest	Preferred Family Healthcare, Inc.	1601 Old South River Road	St. Charles	MO	63303 -4120	\$5,625.00	\$5,625.00	\$3236.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153o	MO102450	✗	Southwest	Preferred Family Healthcare, Inc.	2415 West Catalpa St	Springfield	MO	65607 -1123	\$25.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	153f	MO100922	✗	Southwest	Preferred Family Healthcare, Inc.	5620 West Wildwood Ranch Parkway	Joplin	MO	64804 -4520	\$8,108.00	\$8,108.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1648	X	✗	Southwest	Prevention Consultants	104 E. Seventh Street	Rolla	MO	65401 -0000	\$158,110.00	\$0.00	\$0.00	\$158,110.00	\$0.00	\$0.00	\$0.00	\$0.00
	189	MO100591	✗	Eastern	Queen Of Peace Center	325 N Newstead Ave	St. Louis	MO	63108 -2707	\$31,614.00	\$31,614.00	\$31,614.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	410	X	✗	Northwest	Recovery Lighthouse	204 East Market St	Warrensburg	MO	64093 -1820	\$38,112.00	\$38,112.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1873	MO101705	✗	Southwest	Recovery Outreach Services, LLC	1925 East Bennett Suite L	Springfield	MO	65804 -1425	\$1,910.00	\$1,910.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1833	X	✗	Southwest	Recycling Grace Women's Center, Inc.	708 Kinzer St	Poplar Bluff	MO	63901 -5056	\$6,950.00	\$6,950.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	57C	MO102287	✗	Northwest	RedDiscover	4111 E 100th Terrace	Kansas City	MO	64137 -1403	\$22,712.00	\$22,712.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	57a	MO100864	✗	Northwest	RedDiscover	901 NE Independence Avenue	Lees Summit	MO	64086 -5544	\$23,19,451.00	\$23,19,451.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	57g	MO101436	✗	Northwest	RedDiscover	3720 Gillham Road	Kansas City	MO	64111 -1416	\$4,936.00	\$4,936.00	\$4,936.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	57h	MO100192	✗	Northwest	RedDiscover	3728 Gillham Road	Kansas City	MO	64111 -1416	\$26,467.00	\$26,467.00	\$26,467.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	57i	MO100191	✗	Northwest	RedDiscover	3211 Woodland Ave	Kansas City	MO	64109 -2073	\$26,336.00	\$26,336.00	\$26,336.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	57j	MO102352	✗	Northwest	RedDiscover	1579 NE Rice Rd.	Lees Summit	MO	64086 -5849	\$3,967.00	\$3,967.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4133	X	✗	Northwest	Rise And Shine Foundation, Inc.	4440 Troost Ave	Kansas City	MO	64110 -0000	\$8,049.00	\$8,049.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	89	MO750403	✗	Eastern	Salvation Army	2900 Washington Ave	St. Louis	MO	63103 -1306	\$108,561.00	\$108,561.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	89a	MO101033	✗	Eastern	Salvation Army	1130 Hampton Ave	St. Louis	MO	63139 -3147	\$16,667.00	\$16,667.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	1651	X	✗	Northwest	SAVE Inc	3000 Harrison	Kansas City	MO	64109 -0000	\$10,724.00	\$10,724.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4056	X	✗	Southwest	Shepherd's Fold Ministry	HC4 Box 4555 CR517	Wappello	MO	63966 -8327	\$7,479.00	\$7,479.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	3063	X	✗	Southwest	Simmering Center, Inc	360 Rinehart Rd	Branson	MO	65616 -9193	\$13,639.00	\$13,639.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	4109	X	✗	Northwest	Sisters In Christ	6317 Evanston Ave	Raytown	MO	64133 -4929	\$2,381.00	\$2,381.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	158a	MO102666	✗	Southwest	Southwest Missouri Behavioral Health, Inc.	10046 Settle Mill Road Suite 1	Cadet	MO	63630 -9288	\$3,187.00	\$3,187.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Southwest	Southwest												

158e	MO100240	✖	Southeast	Missouri Behavioral Health, Inc.	1103 Weber Road	Farmington	MO	63640-3345	\$27,013.00	\$27,013.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158g	MO103157	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	1597 North Hwy. 63	Houston	MO	65483-0000	\$3,516.00	\$3,516.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158h	MO101518	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	1014 West Highway 28	Owensville	MO	65066-1679	\$328.00	\$328.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158i	MO101469	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	125 East Green Street	Piedmont	MO	63957-1248	\$477.00	\$477.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158k	MO000022	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	101 South Main Street	Poplar Bluff	MO	63901-0000	\$41,174.00	\$41,174.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158l	MO000021	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	3150 Warrior Lane	Poplar Bluff	MO	63901-8686	\$19,015.00	\$19,015.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158n	MO103140	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	1051 Kingshighway Suite 5	Rolla	MO	65401-2981	\$9,078.00	\$9,078.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158o	MO903853	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	203 North Grand Street	Salem	MO	65560-0429	\$8,865.00	\$8,865.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158q	MO102624	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	215 3rd Street Suite 2	Steelville	MO	65565-5054	\$14,078.00	\$14,078.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
158r	MO902319	✖	Southeast	Southeast Missouri Behavioral Health, Inc.	5536 Highway 32	Farmington	MO	63640-7357	\$1,117,733.00	\$1,010,163.00	\$0.00	\$107,570.00	\$0.00	\$0.00	\$0.00	\$0.00
1694	X	✖	Southeast	Southeast Missouri State University	One University Plaza	Cape Girardeau	MO	63701-0000	\$107,290.00	\$0.00	\$0.00	\$107,290.00	\$0.00	\$0.00	\$0.00	\$0.00
2050	X	✖	Southwest	Starting Point Outpatient Services, LLC	501 South Pennsylvania Ave	Joplin	MO	64801-2286	\$14,555.00	\$14,555.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4116	X	✖	Eastern	Stepping Into The Light, Inc	1400-1404 Hebert	St. Louis	MO	63107-0000	\$11,724.00	\$11,724.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4107	X	✖	Southwest	Straight Street, LLC	1477 N. Broadway	1477 N. Broadway	MO	65801-0000	\$37,215.00	\$37,215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4021	X	✖	Eastern	TanMen Holdings, LLC	4161 Humphrey St	St Louis	MO	63116-3824	\$4,943.00	\$4,943.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4001	X	✖	Southwest	The Brook Wellness Center	11016 State Hwy 76	Branson West	MO	65737-9775	\$15,921.00	\$15,921.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4012	X	✖	Central	The Embassy Center, Inc	322 W 7th St	Sedalia	MO	65301-4219	\$12,733.00	\$12,733.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4101	X	✖	Central	The Healing House And New Beginnings, Inc	1418 West Main St	Jefferson City	MO	65109-0000	\$8,178.00	\$8,178.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4018	X	✖	Eastern	The Mission Gate Christian Center	2852 Osage St	St Louis	MO	63118-4554	\$16,693.00	\$16,693.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
185	MO105152	✖	Northwest	Tri-County Mental Health Services	3100 NE 83rd Street Suite 1001	Kansas City	MO	64119-4400	\$2,158,726.00	\$2,001,364.00	\$0.00	\$157,362.00	\$0.00	\$0.00	\$0.00	\$0.00
Total									\$24,911,380.00	\$20,079,655.00	\$545,616.00	\$4,831,725.00	\$0.00	\$0.00	\$1,601,848.00	\$0.00

* Indicates the imported record has an error.

Note: ¹42 CFR 8.12: Federal Opioid Treatment Standards (OTP) providers only
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Footnotes:
 Amounts are rounded to the nearest whole dollar; exact amounts are unable to be entered on this table.

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention, Treatment, and Recovery

This Maintenance of Effort table provides a description of non-federal state expenditures for authorized activities to prevent and treat substance use and provide recovery services flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2022) + B2(2023)</u> 2 (C)
SFY 2022 (1)	\$68,771,469.00	
SFY 2023 (2)	\$69,370,498.00	\$69,070,983.50
SFY 2024 (3)	\$75,714,669.64	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2022	Yes	X	No
SFY 2023	Yes	X	No
SFY 2024	Yes	X	No

Did the state or jurisdiction have any non-recurring expenditures as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes No X

If yes, specify the amount and the State fiscal year:

If yes, SFY:

Did the state or jurisdiction include these funds in previous year MOE calculations?

Yes No

When did the State or Jurisdiction submit an official request to SAMHSA to exclude these funds from the MOE calculations?

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance use disorder prevention and treatment 42 U.S.C. §300x-30.
The SAPT Block Grant MOE is an average of the two prior year's state expenditures. State expenditures are tracked in the SAMII Accounting system by appropriation and project code when applicable.
year's state expenditures. State expenditures are tracked in the SAMII Accounting system by appropriation and project code when applicable.

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Footnotes:

III: Expenditure Reports

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

This MOE table provides a report of state and SUBG funds expended on specialized SUD treatment services for pregnant women and women with dependent children for the state fiscal year immediately preceding the FFY for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

Base

Period	Total Women's Base (A)
SFY 1994	\$ 7,728,020.00

Maintenance

Period	Total Women's Base (A)	Total Expenditures (B)	Expense Type
SFY 2022		\$ 11,266,247.00	
SFY 2023		\$ 8,455,110.00	
SFY 2024		\$ 11,075,926.00	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated
Enter the amount the State plans to expend in SFY 2025 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Section III: Table 8b – Expenditures for Services to Pregnant Women and Women with Dependent Children, Base, Total Women’s Base (A) for Period of (SFY 1994)): \$ 11,075,926.00;			

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1).

State Funds = \$5,124,576
SUPTRS Block Grant = \$3,001,204
Medicaid (State) = \$2,950,146

Methods:
In April 2014, enhancements were done to the Customer Information Management Outcomes and Reporting (CIMOR) system to automatically include the Women & Children project code (AAWOM) to all Women & Children expenditures.

Table 8b Expenditures for Pregnant Women and Women with Dependent Children - The Division used the following method to calculate the amounts for the base and subsequent years for services to pregnant women and women with dependent children. The Department of Mental Health Customer Information Management, Outcomes and Reporting system captures services delivered to clients by service code. For the base year 1994, all payments for services to women at programs meeting the requirements of Section 1922© and Section 96.124 (e) were summed and segregated by funding source (Federal Block Grant and Non-Federal or State Funds).

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Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

This table requires additional information (pursuant to Section 1929 of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-29) about the primary prevention activities conducted by the entities listed on SUPTRS BG Table 7.

Expenditure Period Start Date: 10/1/2021 Expenditure Period End Date: 9/30/2023

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	17
	2. Resources directories	17
	3. Media campaigns	1
	4. Brochures	17
	5. Radio and TV public service announcements	11
	6. Speaking engagements	11
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	11
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	10
	2. Ongoing classroom and/or small group sessions	10
	4. Education programs for youth groups	10
	5. Mentors	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	11
	2. Systematic planning	11
	3. Multi-agency coordination and collaboration/coalition	12
	5. Accessing services and funding	11
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
Economically disadvantaged	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	16
	7. Health fairs and other health	

	promotion, e.g., conferences, meetings, seminars	14
	2. Education	
	1. Parenting and family management	11
	2. Ongoing classroom and/or small group sessions	5
	4. Education programs for youth groups	11
	5. Mentors	2
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	11
	2. Systematic planning	11
	3. Multi-agency coordination and collaboration/coalition	17
	4. Community team-building	10
	5. Accessing services and funding	17
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	10
Already using substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	10
	2. Education	
	1. Parenting and family management	1
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	16
	4. Community team-building	11
	5. Accessing services and funding	12
Children of People who Misuse Substances	1. Information Dissemination	
	1. Clearinghouse/information resources centers	13
	2. Resources directories	12
	3. Media campaigns	10
	4. Brochures	17
	5. Radio and TV public service announcements	10
	6. Speaking engagements	12
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13

	8. Information lines/Hot lines	1
	2. Education	
	2. Ongoing classroom and/or small group sessions	5
	3. Peer leader/helper programs	3
	4. Education programs for youth groups	15
	5. Mentors	2
	3. Alternatives	
	2. Youth/adult leadership activities	10
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	11
	2. Systematic planning	18
	3. Multi-agency coordination and collaboration/coalition	17
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	11
	3. Modifying alcohol and tobacco advertising practices	11
People Who End High School Pre-Graduation	1. Information Dissemination	
	1. Clearinghouse/information resources centers	10
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	10
	5. Accessing services and funding	10
People with Differing Physical Abilities [7]	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	10
People Who Experience Abuse	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12

	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	1
	5. Community-Based Process	
	2. Systematic planning	11
People With Housing Insecurity [10]	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	11
	5. Community-Based Process	
	2. Systematic planning	10
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	10
Pregnant Women/Teens	1. Information Dissemination	
	1. Clearinghouse/information resources centers	10
	3. Media campaigns	1
	8. Information lines/Hot lines	1
Violent and delinquent behavior	1. Information Dissemination	
	1. Clearinghouse/information resources centers	16
	2. Resources directories	12
	2. Education	
	2. Ongoing classroom and/or small group sessions	7
	4. Education programs for youth groups	7
	5. Mentors	2
	3. Alternatives	
	2. Youth/adult leadership activities	3
	6. Recreation activities	13
	4. Problem Identification and Referral	
	2. Student Assistance Programs	4
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	15
	4. Community team-building	13
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11

	3. Modifying alcohol and tobacco advertising practices	11
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Table 10a – Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care.

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Level of Care	SUPTRS BG Number of Admissions > Number of Persons Served		COVID-19 Number of Admissions > Number of Persons Served ¹		ARP Number of Admissions > Number of Persons Served ²		SUPTRS BG Service Costs			COVID-19 Costs ¹			ARP Costs ²		
	Number of Admissions (A)	Number of Persons Served (B)	Number of Admissions (C)	Number of Persons Served (D)	Number of Admissions (E)	Number of Persons Served (F)	Mean (G)	Median (H)	Standard Deviation (I)	Mean Cost (J)	Median Cost (K)	Standard Deviation (L)	Mean Cost (M)	Median Cost (N)	Standard Deviation (O)
DETOXIFICATION (24-HOUR CARE)															
1. Hospital Inpatient	1,131	1,049	135	132	1,652	1,167	1,162.45	356.56	2,001.82	1,869.06	1,493.10	2,078.49	815.11	222.85	1,542.50
2. Free-Standing Residential	1,529	1,401	126	125	165	162	659.97	328.71	1,234.60	384.09	178.28	990.76	339.38	178.28	539.94
REHABILITATION/RESIDENTIAL															
3. Hospital Inpatient	40	40	7	7	4	4	891.70	334.28	1,238.42	280.11	133.71	330.30	1,096.38	417.36	1,640.17
4. Short-term (up to 30 days)	4,479	4,146	1,071	980	510	501	1,340.85	623.98	2,548.82	796.65	485.26	1,539.65	562.91	276.90	1,001.98
5. Long-term (over 30 days)	15	15	3	3	0	0	296.91	109.20	494.92	1,666.27	69.36	2,775.22	0.00	0.00	0.00
AMBULATORY (OUTPATIENT)															
6. Outpatient	14,061	12,842	1,068	1,059	2,554	2,530	963.73	323.17	1,948.24	553.80	214.22	888.16	629.68	147.51	1,699.41
7. Intensive Outpatient	3,282	3,182	1,386	1,371	696	693	588.78	109.20	1,278.66	268.81	44.40	649.63	694.17	109.20	1,383.94
8. Detoxification	2	2	3	3	0	0	1,064.52	1,064.52	1,280.55	550.42	172.76	663.75	0.00	0.00	0.00
OUD MEDICATION ASSISTED TREATMENT															
9. MOUD Medication-Assisted Detoxification	1,012	975	137	134	853	667	1,166.17	356.56	2,030.18	1,736.11	1,087.67	2,121.35	714.27	222.85	1,409.70
10. MOUD Medication-Assisted Treatment Outpatient	10,835	10,340	727	722	2,136	2,121	1,092.03	392.60	2,107.31	751.65	416.57	936.47	569.60	180.15	1,316.23

Please explain why Column A (SUPTRS BG and COVID-19 Number of Admissions) are less than Column B (SUPTRS BG and COVID-19 Number of Persons Served)

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the “standard” MHBG/SUPTRS BG. Per the instructions, the planning period for standard MHBG/SUPTRS BG expenditures is July 1, 2023 – June 30, 2025.

³ In FY 2020 SAMHSA modified the “Level of Care” (LOC) and “Type of Treatment Service/Setting” to “Medication-Assisted Treatment” and “Medication- Assisted Treatment,” respectively. In prior SUPTRS BG Reports, the LOC was entitled “Opioid Replacement Therapy” and the Type of Treatment Service/Setting included “Opioid Replacement Therapy,” Row 9 and “ORT Outpatient,” Row 10. The changes inadvertently created a barrier for data analysis as one-to-one mapping of the data submitted in the FY 2020 Table 10 to the data submitted in prior Reports is not possible. In the current and future SUPTRS BG Reports, the LOC is “MOUD & Medication Assisted Treatment” and the Types of Treatment Service/Setting will include “MOUD Medication-Assisted Treatment Detoxification,” Row 9 and “MOUD & Medication Assisted Treatment Outpatient,” Row 10. MOUD & Medication-Assisted Treatment Withdrawal Management includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment. MOUD & Medication Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Table 10b – Number of Persons Served (Unduplicated Count) Who Received Recovery Supports

This table provides an aggregate profile of the unduplicated persons that received recovery support services funded through the SUPTRS BG by age and gender identity. For detailed instructions, see those in WebBGAS.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

	Age 0-5 ¹							Age 6-12						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

¹Age category 0-5 years is not applicable.

	Age 13-17							Age 18-20						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	0	0	0	0	0	0	2	6	0	0	0	0	0
Peer-Led Support Group	0	0	0	0	0	0	0	3	1	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	0	0	0	0	0	0	0	7	8	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Age 21-24							Age 25-44						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	18	30	0	0	0	0	0	234	447	0	1	0	0	0
Peer-Led Support Group	27	30	0	0	0	0	0	254	314	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	41	37	0	0	0	0	0	714	648	0	0	1	0	1
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	5	2	0	0	0	0	0

Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	1	0	0	0	0	0	3	13	0	0	0	0	0

	Age 45-64							Age 65-74						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	98	216	0	0	0	0	0	5	27	0	0	0	0	0
Peer-Led Support Group	106	186	0	0	0	0	0	2	9	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	236	339	0	0	0	0	0	11	23	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	7	3	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	1	3	0	0	0	0	0	0	0	0	0	0	0	0

	Age 75+							Age Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non - Conforming	Other	Not Available
Peer-to-Peer Support Individual	0	3	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Support Group	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Housing	1	3	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Support Service Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total							
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non-Conforming	Other	Not Available	
Peer-to-Peer Support Individual	357	729	0	1	0	0	0	
Peer-Led Support Group	392	541	0	0	0	0	0	
Peer-Led Training or Peer Certification Activity	0	0	0	0	0	0	0	
Recovery Housing	1,010	1,058	0	0	1	0	1	
Recovery Support Service Childcare Fee or Family Caregiver Fee	0	0	0	0	0	0	0	
Recovery Support Service Transportation	13	5	0	0	0	0	0	
Secondary School, High School, or Collegiate Recovery Program Service or Activity	0	0	0	0	0	0	0	

Recovery Social Support or Social Inclusion Activity	0	0	0	0	0	0	0
Other SAMHSA Approved Recovery Support Event or Activity	4	17	0	0	0	0	0
Comments on Data (Age):	<div></div>						
Comments on Data (Gender):	<div></div>						
Comments on Data (Overall):	<div></div>						

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Tables 11a, 11b and 11c - Unduplicated Count of Persons Served for Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

Expenditure Period Start Date: 07/01/2022 Expenditure Period End Date: 06/30/2023

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through SUPTRS BG. This table should not include persons served using COVID-19 Relief Supplemental Funding.

	Total								American Indian or Alaska Native						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	357	545	0	0	0	0	0	902	0	2	0	0	0	0	0
13-17 years	843	896	0	1	0	0	0	1,740	3	0	0	0	0	0	0
18-20 years	306	350	0	0	0	0	0	656	1	1	0	0	0	0	0
21-24 years	551	642	0	0	0	0	1	1,194	2	2	0	0	0	0	0
25-44 years	6,227	8,036	1	3	1	1	1	14,270	19	25	0	0	0	0	0
45-64 years	2,646	4,355	0	2	0	0	0	7,003	6	11	0	0	0	0	0
65-74 years	338	488	0	0	0	0	0	826	1	1	0	0	0	0	0
75+ years	47	36	0	0	0	0	0	83	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	11,315	15,348	1	6	1	1	2	26,674	32	42	0	0	0	0	0
Pregnant Women	240								0						
Number of Persons Served who were admitted in a Period Prior to the 12-month reporting Period	11422														
Number of Persons Served outside of the levels of care described on SUPTRS BG Table 10	21911														

Are the values reported in this table generated from a client-based system with unique identifiers?

☒ Yes ☐ No

Comments on Data (Race)

Comments on Data (Gender)

Comments on Data (Overall)

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0

6-12 years	1	0	0	0	0	0	0	32	38	0	0	0	0	0
13-17 years	3	1	0	0	0	0	0	80	145	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	25	33	0	0	0	0	0
21-24 years	1	1	0	0	0	0	0	52	83	0	0	0	0	0
25-44 years	11	21	0	0	0	0	0	608	1,177	0	0	1	0	1
45-64 years	5	10	0	0	0	0	0	363	976	0	1	0	0	0
65-74 years	0	1	0	0	0	0	0	56	166	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	4	10	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	21	34	0	0	0	0	0	1,220	2,628	0	1	1	0	1
Pregnant Women	1							29						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	3	0	0	0	0	0	0	291	424	0	0	0	0	0
13-17 years	0	1	0	0	0	0	0	679	647	0	1	0	0	0
18-20 years	1	0	0	0	0	0	0	249	283	0	0	0	0	0
21-24 years	3	0	0	0	0	0	0	446	498	0	0	0	0	1
25-44 years	4	10	0	0	0	0	0	5,240	6,289	1	3	0	1	0
45-64 years	1	1	0	0	0	0	0	2,148	3,173	0	1	0	0	0
65-74 years	1	0	0	0	0	0	0	265	309	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	42	25	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	13	12	0	0	0	0	0	9,360	11,648	1	5	0	1	1
Pregnant Women	0							191						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	10	32	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	36	62	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	21	20	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	39	38	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	283	351	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	95	129	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	9	5	0	0	0	0	0

75+ years	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	493	638	0	0	0	0	0
Pregnant Women	0							16						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	20	49	0	0	0	0	0	297	464	0	0	0	0	0
13-17 years	42	40	0	0	0	0	0	776	835	0	1	0	0	0
18-20 years	9	13	0	0	0	0	0	289	325	0	0	0	0	0
21-24 years	8	20	0	0	0	0	0	523	601	0	0	0	0	1
25-44 years	62	163	0	0	0	0	0	6,015	7,700	1	3	1	0	1
45-64 years	28	55	0	0	0	0	0	2,575	4,219	0	2	0	0	0
65-74 years	6	6	0	0	0	0	0	330	480	0	0	0	0	0
75+ years	1	0	0	0	0	0	0	44	36	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	176	346	0	0	0	0	0	10,849	14,660	1	6	1	0	2
Pregnant Women	3							232						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11a - Unduplicated Count of Persons Served For Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	60	81	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	67	61	0	0	0	0	0	0	0	0	0	0	0	0
18-20 years	17	25	0	0	0	0	0	0	0	0	0	0	0	0
21-24 years	28	41	0	0	0	0	0	0	0	0	0	0	0	0
25-44 years	212	336	0	0	0	1	0	0	0	0	0	0	0	0
45-64 years	71	136	0	0	0	0	0	0	0	0	0	0	0	0
65-74 years	8	8	0	0	0	0	0	0	0	0	0	0	0	0
75+ years	3	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	466	688	0	0	0	1	0	0	0	0	0	0	0	0
Pregnant Women	8							0						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use¹

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded under COVID-19 Relief Supplemental Funding.

Total	American Indian or Alaska Native
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	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Total	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ²	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	91	139	0	0	0	0	0	230	0	0	0	0	0	0	0
18-20 years	53	100	0	0	0	0	0	153	0	0	0	0	0	0	0
21-24 years	225	292	0	0	0	0	0	517	0	0	0	0	0	0	0
25-44 years	3,302	4,591	0	3	1	1	1	7,899	10	13	0	0	0	0	0
45-64 years	1,204	2,499	0	2	0	0	0	3,705	3	6	0	0	0	0	0
65-74 years	82	221	0	0	0	0	0	303	0	0	0	0	0	0	0
75+ years	2	15	0	0	0	0	0	17	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4,959	7,857	0	5	1	1	1	12,824	13	19	0	0	0	0	0
Pregnant Women	110								0						

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is March 15, 2021 – March 14, 2023, which is different from the expenditure period for the “standard” SUPTRS BG and MHBG. If your state or territory has an approved Second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds. However, grantees are requested to annually report SUPTRS BG COVID-19 Supplemental Funding expenditures in accordance with requirements included in their current Notice of Award Terms and Conditions (NoA). Per the instructions, the standard SUPTRS BG expenditures are for the state planned expenditure period of July 1, 2023 – June 30, 2025 for most states.

²Age category 0-5 years is not applicable.

Comments on Data (Race)

Comments on Data (Gender)

Comments on Data (Overall)

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Asian							Black or African American						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	17	24	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	7	12	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	25	48	0	0	0	0	0
25-44 years	5	14	0	0	0	0	0	348	795	0	0	1	0	1
45-64 years	2	8	0	0	0	0	0	189	670	0	1	0	0	0
65-74 years	0	0	0	0	0	0	0	22	99	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	7	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7	22	0	0	0	0	0	609	1,655	0	1	1	0	1
Pregnant Women	1							14						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Native Hawaiian or Other Pacific Islander							White						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	66	104	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	45	77	0	0	0	0	0
21-24 years	1	0	0	0	0	0	0	172	213	0	0	0	0	0
25-44 years	2	7	0	0	0	0	0	2,741	3,472	0	3	0	1	0
45-64 years	1	1	0	0	0	0	0	941	1,710	0	1	0	0	0
65-74 years	1	0	0	0	0	0	0	55	118	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	1	8	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	5	8	0	0	0	0	0	4,021	5,702	0	4	0	1	0
Pregnant Women	0							82						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Some Other Race							More than One Race Reported						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	4	8	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	1	9	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	22	21	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	162	201	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	60	72	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	3	3	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	252	314	0	0	0	0	0
Pregnant Women	0							11						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Race Not Available							Not Hispanic or Latino						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	4	3	0	0	0	0	0	88	132	0	0	0	0	0

18-20 years	0	2	0	0	0	0	0	48	91	0	0	0	0	0
21-24 years	5	10	0	0	0	0	0	215	273	0	0	0	0	0
25-44 years	34	89	0	0	0	0	0	3,202	4,412	0	3	1	0	1
45-64 years	8	32	0	0	0	0	0	1,179	2,429	0	2	0	0	0
65-74 years	1	1	0	0	0	0	0	82	219	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	2	15	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	52	137	0	0	0	0	0	4,816	7,571	0	5	1	0	1
Pregnant Women	2							106						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11b - COVID-19 Number of Persons Served (Unduplicated Count) for Alcohol and Other Drug Use (continued)

	Hispanic or Latino							Hispanic or Latino Origin Not Available						
	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available	Female	Male	Transgender (Trans Woman)	Transgender (Trans Man)	Gender Non- Conforming	Other	Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13-17 years	3	7	0	0	0	0	0	91	139	0	0	0	0	0
18-20 years	5	9	0	0	0	0	0	53	100	0	0	0	0	0
21-24 years	10	19	0	0	0	0	0	225	292	0	0	0	0	0
25-44 years	100	179	0	0	0	1	0	3,302	4,591	0	3	1	1	1
45-64 years	25	70	0	0	0	0	0	1,204	2,499	0	2	0	0	0
65-74 years	0	2	0	0	0	0	0	82	221	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	2	15	0	0	0	0	0
Not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	143	286	0	0	0	1	0	4,959	7,857	0	5	1	1	1
Pregnant Women	4							110						

¹Age category 0-5 years is not applicable.

SUPTRS BG Table 11c - Sexual Orientation Unduplicated Count of Persons Served for Alcohol and Other Drugs

Sexual Orientation									
A. Age	B. Straight or Heterosexual	C. Homosexual (Gay or Lesbian)	D. Bisexual	E. Queer	F. Pansexual	G. Questioning	H. Asexual	I. Other	J. Not Available
0-5 years ¹	0	0	0	0	0	0	0	0	0
6-12 years	0	0	0	0	0	0	0	0	0
13-17 years	0	0	0	0	0	0	0	0	0
18-20 years	0	0	0	0	0	0	0	0	0
21-24 years	0	0	0	0	0	0	0	0	0
25-44 years	0	0	0	0	0	0	0	0	0
45-64 years	0	0	0	0	0	0	0	0	0
65-74 years	0	0	0	0	0	0	0	0	0
75+ years	0	0	0	0	0	0	0	0	0

TOTAL	0	0	0	0	0	0	0	0	0
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¹Age category 0-5 years is not applicable.
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Footnotes:

IV: Population and Services Reports

Table 12 - SUPTRS BG Early Intervention Services Regarding the Human Immunodeficiency Virus (EIS/HIV) in Designated States

Expenditure Period Start Date: 7/1/2022

Expenditure Period End Date: 6/30/2023

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of EIS/HIV projects among SUPTRS BG sub-recipients in the state	Statewide:	Rural:
2. Total number of individuals tested through SUPTRS BG sub-recipient EIS/HIV projects:		
3. Total number of HIV tests conducted with SUPTRS BG EIS/HIV funds:		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
7. Total number of persons at risk for HIV/AIDS referred for PrEP services?		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		

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Footnotes:

Missouri is not an HIV designated state.

IV: Population and Services Reports

Table 13 - Charitable Choice – Required

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance use disorder provider (“alternative provider”) to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2022 Expenditure Period End Date: 6/30/2023

Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA's Behavioral Health Treatment Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.

Enter the total number of referrals to other substance use disorder providers (“alternative providers”) necessitated by religious objection, as defined above, made during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds. Provide the total only. No information on specific referrals is required. If no alternative referrals were made, enter zero.

Provide a brief description (one paragraph) of any training for local governments and/or faith-based and/or community organizations that are providers on these requirements.

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Footnotes:

V: Performance Data and Outcomes

Table 14 - Treatment Performance Measure: Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,118	1,099
Total number of clients with non-missing values on employment/student status [denominator]	4,797	4,797
Percent of clients employed or student (full-time and part-time)	23.3%	22.9%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,731
Number of CY 2023 discharges submitted:		5,497
Number of CY 2023 discharges linked to an admission:		5,457
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		4,797

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	0	0
Total number of clients with non-missing values on employment/student status [denominator]	0	0
Percent of clients employed or student (full-time and part-time)	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		23
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,725	5,100
Total number of clients with non-missing values on employment/student status [denominator]	9,781	9,781
Percent of clients employed or student (full-time and part-time)	48.3%	52.1%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		15,375
Number of CY 2023 discharges submitted:		15,152
Number of CY 2023 discharges linked to an admission:		14,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		9,781

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,399	4,683
Total number of clients with non-missing values on employment/student status [denominator]	12,711	12,711
Percent of clients employed or student (full-time and part-time)	34.6%	36.8%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		13,245
Number of CY 2023 discharges submitted:		20,366
Number of CY 2023 discharges linked to an admission:		19,747
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	12,711
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

V: Performance Data and Outcomes

Table 15 - Treatment Performance Measure: Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	3,339	3,424
Total number of clients with non-missing values on living arrangements [denominator]	4,407	4,407
Percent of clients in stable living situation	75.8%	77.7%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,731
Number of CY 2023 discharges submitted:		5,497
Number of CY 2023 discharges linked to an admission:		5,457
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		4,407

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	0	0
Total number of clients with non-missing values on living arrangements [denominator]	0	0
Percent of clients in stable living situation	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		23
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		0

Outpatient (OP)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	8,483	8,534
Total number of clients with non-missing values on living arrangements [denominator]	9,131	9,131
Percent of clients in stable living situation	92.9%	93.5%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		15,375
Number of CY 2023 discharges submitted:		15,152
Number of CY 2023 discharges linked to an admission:		14,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		9,131

Intensive Outpatient (IO)

Clients living in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients living in a stable situation [numerator]	10,400	10,436
Total number of clients with non-missing values on living arrangements [denominator]	11,769	11,769
Percent of clients in stable living situation	88.4%	88.7%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		13,245
Number of CY 2023 discharges submitted:		20,366
Number of CY 2023 discharges linked to an admission:		19,747
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		11,769

Footnotes:

V: Performance Data and Outcomes

Table 16 - Treatment Performance Measure: Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	4,134	4,247
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	4,760	4,760
Percent of clients without arrests	86.8%	89.2%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,731
Number of CY 2023 discharges submitted:		5,497
Number of CY 2023 discharges linked to an admission:		5,457
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		4,760

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	0	0
Percent of clients without arrests	0.0%	0.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		23
Number of CY 2023 discharges submitted:		0
Number of CY 2023 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	9,171	9,240
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	9,643	9,643
Percent of clients without arrests	95.1%	95.8%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		15,375
Number of CY 2023 discharges submitted:		15,152
Number of CY 2023 discharges linked to an admission:		14,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		9,643

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	11,725	11,844
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	12,679	12,679
Percent of clients without arrests	92.5%	93.4%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		13,245
Number of CY 2023 discharges submitted:		20,366
Number of CY 2023 discharges linked to an admission:		19,747
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	12,679
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Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

V: Performance Data and Outcomes

Table 17 - Treatment Performance Measure: Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	3,432	3,559
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,066	5,066
Percent of clients abstinent from alcohol	67.7%	70.3%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		293
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,634	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		17.9%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		3,266
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,432	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		95.2%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	3,731
Number of CY 2023 discharges submitted:	5,497
Number of CY 2023 discharges linked to an admission:	5,457
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	5,066

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from alcohol	0.0%	0.0%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		0
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		0
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	23
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	9,441	9,812
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,431	11,431
Percent of clients abstinent from alcohol	82.6%	85.8%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,094
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,990	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		55.0%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		8,718
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	9,441	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		92.3%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	15,375
Number of CY 2023 discharges submitted:	15,152
Number of CY 2023 discharges linked to an admission:	14,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	11,431

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)**A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	12,002	12,892
All clients with non-missing values on at least one substance/frequency of use [denominator]	15,934	15,934
Percent of clients abstinent from alcohol	75.3%	80.9%

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,658
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,932	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		42.2%

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		11,234
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	12,002	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		93.6%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	13,245
Number of CY 2023 discharges submitted:	20,366
Number of CY 2023 discharges linked to an admission:	19,747
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	15,934

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

V: Performance Data and Outcomes

Table 18 - Treatment Performance Measure: Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,169	1,733
All clients with non-missing values on at least one substance/frequency of use [denominator]	5,066	5,066
Percent of clients abstinent from drugs	23.1%	34.2%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		786
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	3,897	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		20.2%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		947
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,169	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		81.0%
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,731
Number of CY 2023 discharges submitted:		5,497
Number of CY 2023 discharges linked to an admission:		5,457
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		5,066

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	0	0
All clients with non-missing values on at least one substance/frequency of use [denominator]	0	0
Percent of clients abstinent from drugs	0.0%	0.0%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		0
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		0
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	0	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	23
Number of CY 2023 discharges submitted:	0
Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	6,290	6,463
All clients with non-missing values on at least one substance/frequency of use [denominator]	11,431	11,431
Percent of clients abstinent from drugs	55.0%	56.5%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,643
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,141	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		32.0%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		4,820
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,290	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		76.6%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	15,375
Number of CY 2023 discharges submitted:	15,152
Number of CY 2023 discharges linked to an admission:	14,387
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	11,431

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)**A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)**

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	7,090	8,256
All clients with non-missing values on at least one substance/frequency of use [denominator]	15,934	15,934
Percent of clients abstinent from drugs	44.5%	51.8%

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		2,913
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	8,844	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		32.9%

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		5,343
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	7,090	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		75.4%

Notes (for this level of care):

Number of CY 2023 admissions submitted:	13,245
Number of CY 2023 discharges submitted:	20,366
Number of CY 2023 discharges linked to an admission:	19,747
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	15,934

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file

[Records received through 11/15/2024]

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Footnotes:

V: Performance Data and Outcomes

Table 19 – State Description of Social Support of Recovery Data Collection

Short-term Residential(SR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	655	1,151
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	4,756	4,756
Percent of clients participating in self-help groups	13.8%	24.2%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	10.4%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:		3,731
Number of CY 2023 discharges submitted:		5,497
Number of CY 2023 discharges linked to an admission:		5,457
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):		4,756

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Long-term Residential(LR)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	0	0
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	0	0
Percent of clients participating in self-help groups	0.0%	0.0%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.0%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	23	
Number of CY 2023 discharges submitted:	0	

Number of CY 2023 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Outpatient (OP)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	1,748	2,063
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	8,754	8,754
Percent of clients participating in self-help groups	20.0%	23.6%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	3.6%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	15,375	
Number of CY 2023 discharges submitted:	15,152	
Number of CY 2023 discharges linked to an admission:	14,387	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0	
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	8,754	

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

Intensive Outpatient (IO)

Social Support of Recovery - Clients participating in self-help groups (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission (T1)	At Discharge (T2)
Number of clients participating in self-help groups (AA NA meetings attended, etc.) [numerator]	2,188	2,410
Total number of Admission and Discharge clients with non-missing values on participation in self-help groups [denominator]	11,385	11,385
Percent of clients participating in self-help groups	19.2%	21.2%
Percent of clients with participation in self-help groups at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	1.9%	
Notes (for this level of care):		
Number of CY 2023 admissions submitted:	13,245	

Number of CY 2023 discharges submitted:	20,366
Number of CY 2023 discharges linked to an admission:	19,747
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2023 linked discharges eligible for this calculation (non-missing values):	11,385

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

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Footnotes:

V: Performance Data and Outcomes

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Level of Care	Average (Mean)	25 th Percentile	50 th Percentile (Median)	75 th Percentile
DETOXIFICATION (24-HOUR CARE)				
1. Hospital Inpatient	0	0	0	0
2. Free-Standing Residential	7	2	3	4
REHABILITATION/RESIDENTIAL				
3. Hospital Inpatient	0	0	0	0
4. Short-term (up to 30 days)	39	11	21	32
5. Long-term (over 30 days)	0	0	0	0
AMBULATORY (OUTPATIENT)				
6. Outpatient	170	50	110	230
7. Intensive Outpatient	155	40	98	202
8. Detoxification	0	0	0	0
OUD MEDICATION ASSISTED TREATMENT				
9. OUD Medication-Assisted Detoxification ¹	29	2	3	4
10. OUD Medication-Assisted Treatment Outpatient ²	213	49	134	324

Level of Care	2023 TEDS discharge record count	
	Discharges submitted	Discharges linked to an admission
DETOXIFICATION (24-HOUR CARE)		
1. Hospital Inpatient	0	0
2. Free-Standing Residential	3791	3570
REHABILITATION/RESIDENTIAL		
3. Hospital Inpatient	0	0
4. Short-term (up to 30 days)	5497	5457

5. Long-term (over 30 days)	0	0
AMBULATORY (OUTPATIENT)		
6. Outpatient	15152	12637
7. Intensive Outpatient	20366	19747
8. Detoxification	0	0
OUD MEDICATION ASSISTED TREATMENT		
9. OUD Medication-Assisted Detoxification ¹		61
10. OUD Medication-Assisted Treatment Outpatient ²		1750

Source: SAMHSA/CBHSQ TEDS CY 2022 admissions file and CY 2022 linked discharge file
[Records received through 11/15/2024]

¹ OUD Medication-Assisted Treatment Detoxification includes hospital detoxification, residential detoxification, or ambulatory detoxification services/settings AND Opioid Medication-Assisted Treatment.

² OUD Medication-Assisted Treatment Outpatient includes outpatient services/settings AND Opioid Medication-Assisted Treatment.

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Footnotes:

V: Performance Data and Outcomes

Table 21 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: 30-Day Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. 30-day Alcohol Use	<p>Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used alcohol during the past 30 days.</p>		
	Age 12 - 20 - CY 2021 - 2022		<input type="text"/>
	Age 21+ - CY 2021 - 2022		<input type="text"/>
2. 30-day Cigarette Use	<p>Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
3. 30-day Use of Other Tobacco Products	<p>Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products]^[1]?[Response option: Write in a number between 0 and 30.]"</p> <p>Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco).</p>		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]" Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
5. 30-day Use of Illicit Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illicit drug]? ^[2] " Outcome Reported: Percent who reported having used illicit drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs).		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.

[2]NSDUH asks separate questions for each illicit drug. The number provided combines responses to all questions about illicit drugs other than marijuana or hashish.

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Table 22 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 20 - CY 2021 - 2022		<input type="text"/>
	Age 21+ - CY 2021 - 2022		<input type="text"/>
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]" Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

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Table 23 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink. [Response option: Write in age at first use.]" Outcome Reported: Average age at first use of alcohol.		
	Age 12 - 20 - CY 2021 - 2022		<input type="checkbox"/>
	Age 21+ - CY 2021 - 2022		<input type="checkbox"/>
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
5. Age at First Use Heroin	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used heroin?[Response option: Write in age at first use.]" Outcome Reported: Average age at first use of heroin.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>
6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever] ^[2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]" Outcome Reported: Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
	Age 18+ - CY 2021 - 2022		<input type="text"/>

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

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Table 24 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]" Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2021 - 2022		<input type="text"/>
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]"		

	Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 20 - CY 2021 - 2022		<input type="checkbox"/>

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Table 25 – Substance Use Disorder Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use
Measure: Perception of Workplace Policy

A. Measure		B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]" Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.			
		Age 15 - 17 - CY 2021 - 2022		<input type="text"/>
		Age 18+ - CY 2021 - 2022		<input type="text"/>

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Table 26 – Substance Use Disorder Primary Prevention NOMs Domain: Reduced Morbidity – Abstinence from Drug Use/Alcohol Use Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Average Daily School Attendance Rate	<p>Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp.</p> <p>Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.</p>		
	School Year 2021		<input type="text"/>

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Table 27 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol Related Fatalities

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2021		<input type="text"/>

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Table 28 – Substance Use Disorder Primary Prevention NOMs Domain: Crime and Criminal Justice Measure: Alcohol and Drug-Related Arrests

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Alcohol- and Drug-Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2021		<input type="text"/>

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Table 29 – Substance Use Disorder Primary Prevention NOMs Domain: Social Connectedness Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you." [Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?" ^[1] [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2021 - 2022		<input type="checkbox"/>

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.
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Table 30 – Substance Use Disorder Primary Prevention NOMs Domain: Retention Measure: Percentage of Youth Seeing, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre-populated Data	D. Supplemental Data, if any
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^{[1]?} " Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2021 - 2022		<input type="checkbox"/>

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context
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Reporting Period Start and End Dates for Information Reported on SUPTRS BG Tables 31, 32, 33, 34 and 35

Reporting Period Start and End Dates for Information Reported on Tables 31, 32, 33, 34 and 35

Please indicate the reporting period for each of the following NOMS.

Tables		A. Reporting Period Start Date	B. Reporting Period End Date
1.	Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
2.	Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	1/1/2022	12/31/2022
3.	Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention	1/1/2022	12/31/2022
4.	Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention	1/1/2022	12/31/2022
5.	Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies	10/1/2021	9/30/2023

General Questions Regarding Prevention NOMS Reporting

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri is using a manual data collection system

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collected and recorded a participant's race through a manual collection process. Participants who were more than one race were reported under a single race or "race not known or other" until September 2016. Starting in October 2016, Missouri added a subcategory for more than one race.

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Table 31 – Substance Use Disorder Primary Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

The reporting period for Tables 31 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	608,149
0-5	1,843
6-12	18,138
13-17	35,707
18-20	9,486
21-24	10,153
25-44	33,539
45-64	19,994
65-74	0
75 and Over	5,526
Age Not Known	473,763
B. Gender	608,149
Male	46,246
Female	77,962
Trans man	0
Trans woman	0
Gender non-conforming	0
Other	483,941
C. Ethnicity	608,149
Hispanic or Latino	13,624
Not Hispanic or Latino	112,183
Ethnicity Unknown	482,342
D. Race	608,149
White	100,147
Black or African American	21,866
Native Hawaiian/Other Pacific Islander	198
Asian	532
American Indian/Alaska Native	118

More Than One Race (not OMB required)	1,676
Race Not Known or Other (not OMB required)	483,612

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The count reported in the '75 and over' category includes individuals for '65-74' and '75 and over' as the data collected during this time period did not break out these age groups during the collection period.

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Table 32 – Substance Use Disorder Primary Prevention Population-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity

The reporting period for Tables 32 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Category	Total
A. Age	5428421
0-5	0
6-12	235044
13-17	409747
18-20	236913
21-24	320849
25-44	1597414
45-64	1544687
65-74	649461
75 and Over	434306
Age Not Known	0
B. Gender	5428421
Male	2665221
Female	2763200
Trans man	0
Trans woman	0
Gender non-conforming	0
Other	0
C. Race	5428421
White	4593905
Black or African American	655581
Native Hawaiian/Other Pacific Islander	0
Asian	139894
American Indian/Alaska Native	39041
More Than One Race (not OMB required)	0
Race Not Known or Other (not OMB required)	0
D. Ethnicity	5428421
Hispanic or Latino	231679

Not Hispanic or Latino	5196742
Ethnicity Unknown	0

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Table 33 (Optional) – Substance Use Disorder Primary Prevention Number of Persons Served by Type of Intervention

The reporting period for Tables 33 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	\$0.00
Number of Persons Served ¹	608,149	5,428,421

¹Number of Persons Served is populated from Table 31 - Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity and Table 32 - Primary Substance Use Disorder Prevention Population-Based Programs and Strategies - Number of Persons Served by Age, Gender, Race, and Ethnicity

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Footnotes:
Missouri is opting out of this form.

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Table 34 – Substance Use Disorder Primary Prevention Number of Evidence-Based Programs and Strategies by Type of Intervention

The reporting period for Tables 34 is Calendar Year (CY) 2022, which coincides with the reporting period for the prepopulated prevention NOMs in Tables 21-30. It is understood that some states have reported on the State Fiscal Year (SFY) or Federal Fiscal Year (FFY) for these tables in past SUPTRS BG Reports. If your state is unable to report on CY 2022, please indicate in this footnote why you are unable to report on the CY and the steps the state intends to take to make calendar year reporting possible in future years.

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
 - Guideline 1:
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Missouri utilizes the Strategic Prevention Framework model to implement the four guidelines. The process includes: assessment of the community needs and readiness; capacity building to mobilize and address the needs of the community; development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs; implementation of the prevention plan; and evaluation of the results to achieve sustainability and cultural competency. Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network and SAMHSA's Center for Substance Abuse Prevention. The Division of Behavioral Health ultimately determines whether or not a chosen intervention falls under the parameters of the guidelines.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Missouri collects data on the number of programs and strategies through a manual collection process utilizing monthly progress and fidelity reporting forms.

Table 34 - SUBSTANCE USE DISORDER PRIMARY PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	360	415	775	116		891
2. Total number of Programs and Strategies Funded	360	415	775	116		891
3. Percent of Evidence-Based Programs and Strategies	100.00%	100.00%	100.00%	100.00%		100.00%

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Table 35 – Total Substance Use Disorder Primary Prevention Number of Evidence Based Programs/Strategies and Total SUPTRS BG Dollars Spent on Substance Use Disorder Primary Prevention Evidence-Based Programs/Strategies

The reporting period for table 35 is the 24- month expenditure period of the FFY 2022 SUPTRS BG award.

Reporting Period Start Date: 10/01/2021 Reporting Period End Date: 09/30/2023

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total Substance Use Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # 710	\$2,536,779.57
Universal Indirect	Total # 825	\$228,930.02
Selective	Total # 232	\$2,066,015.92
Indicated	Total # 0	\$0.00
Unspecified	Total # 0	\$0.00
	Total EBPs: 1,767	Total Dollars Spent: \$4,831,725.51

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Prevention Attachments

Submission Uploads

FFY 2025 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2025 Prevention Attachment Category D:		
File	Version	Date Added

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